

**LONG-TERM CARE  
ISSUES FORUM**

**JULY 26, 2007**

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POWERPOINT PRESENTATION

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POWERPOINT PRESENTATION

NURSING FACILITY TRANSITIONS -  
POWERPOINT PRESENTATION

MSA BULLETIN 05-21 (NURSING FACILITY  
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LEVEL OF CARE POLICY AND LTC  
CONNECTIONS - POWERPOINT  
PRESENTATION

MSA-0723 DRAFT LEVEL OF CARE POLICY

LTC CONNECTIONS OVERVIEW

 <p>Michigan Department of Community Health</p> <p><b>M DCH</b></p> <p>Jennifer M. Granholm, Governor Janet Olszewski, Director</p>	<p>OFFICE OF LONG-TERM CARE SUPPORTS AND SERVICES</p>
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## LONG-TERM CARE ISSUES FORUM JULY 26, 2007

### AGENDA

- 9:00            WELCOME AND INTRODUCTIONS  
Michael J. Head
- 9:05 -           PILOT PROJECT FOR A PREPAID LONG-TERM  
10:00           CARE HEALTH PLAN MODEL  
Michael J. Head, Paul Reinhart
- 10:00 -           NURSING FACILITY TRANSITION ACTIVITY  
10:45           Michael J. Head, Michael Daeschlein
- 10:45 -           BREAK  
11:00
- 11:00 –           LEVEL-OF-CARE ELIGIBILITY  
noon            DETERMINATIONS THROUGH THE LONG-  
TERM CARE CONNECTIONS  
Nora Barkey, Elizabeth Aastad



# DEVELOPING A PRE-PAID MEDICAID LONG-TERM CARE HEALTH PLAN PILOT PROJECT

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**

**MEDICAL SERVICES ADMINISTRATION  
AND  
OFFICE OF LONG-TERM CARE SUPPORTS AND  
SERVICES**

# INTRODUCTION

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- Collaborative Effort by MSA and OLTCSS
- Plan to Submit 1915 b/c Combination Waivers to CMS by October, 2007
- Consistent with DCH Efforts to Improve Health Care and Quality of Life For Michigan Citizens
- Part of Governor Supported Effort to Reform LTC, Assure Informed Consumer Choice and Access to a Full Range of Service Options

# BACKGROUND – CMS Money Follows the Person - Key Points

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- Collaborate Among Local MI Choice Waiver Agency, DHS (for Adult Home Help), Local Nursing Facilities and Others
- Assure Participant/Family Representation on Governing Body
- Single/Local System Authorizes Care and Coordinates Services Across Settings
- Operate Within a Capitated Financing Arrangement

# BACKGROUND - Governor's Long-Term Care Task Force

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- Require and Implement Person-Centered Planning Throughout LTC Continuum
- Improve Access By Adopting Money Follows the Person Principles
- Establish Single Point of Entry Agencies
- Strengthen Array of Supports/Services
- Financing Structures that Maximize Resources, Promote Participant Incentives, Decrease Fraud



# VALUES

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- People should be fully included in community life and activities to the degree possible.
- People should be empowered to exercise choice and control over all aspects of their lives.
- People should be able to access quality supports and services when needed (not placed on waiting lists).
- All stakeholders, especially participants and family members, must be part of the planning and implementation processes.
- Person-Centered Planning is the basis for all plans of supports and services.

# MAJOR GOAL

## Approval of 1915 (b)(c) Waivers

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- Utilizes Prepaid Health Care Model
- Pilots Voluntary Enrollment at 1 or 2 Sites
- Based on Nursing Facility Level of Care
- Promotes Consumer Involvement/Control
- Assures High Quality Services/Outcomes
- Builds on Existing Capabilities to Develop and Manage Service Options
- Expands/Enhances Local Supports/Services
- Demonstrates Cost Neutrality and Cost Effectiveness

# FEATURES OF PLAN

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- Person-Centered Planning
- Nursing Facility Level of Care Eligibility
- Eligibility/Access via LTC Connections
- Capitated Payments Based on Case Mix
- Savings Reinvested in Expanding Number of Persons Served and Tailoring Services

# Current Status

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- Concept Paper – Sent to CMS May, 2007
- Waiting List Study – In Process
- Feasibility Study – To Begin This Month
- Other States' Results – Ongoing Review
- Identify & Engage Stakeholders – In Process
- Determine Quality Management and Covered Services Definitions – In Process

# WHY DO THIS?

## (Expected Outcomes)

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- Enact “Money Follows the Person” within the Medicaid program for those eligible for long-term care services.
- Improve quality of life options for people requiring services.
- Go beyond the capacity constraints of the current MI Choice Waiver Program.
- Provide entitlement access for persons eligible for the plan.
- Support participant choice and empowerment across a full range of supports and services

# WHY DO THIS? (2)

## (Expected Outcomes)

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- Assure appropriate use of nursing facilities and home and community-based services.
- Provide local alternatives for nursing facility closures.
- Address unmet needs through reinvestment of savings.
- Manage the use of limited funding.
- It's the right thing to do for and with consumers.

# Feasibility Study Purpose:

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- Will the proposed waiver program cost DCH more than current long-term care expenditures for current services to the same population and if so, how much more, than not proceeding with this plan?
- What are the necessary financial outcomes for service delivery that must be met over a series of years for the program to be sustainable given current appropriations for long-term care services?
- What have other states pursuing similar directions determined with respect to these same questions as they developed prepaid LTC health plan models?

# Feasibility Study Purpose: (2)

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- What options might the state include to protect itself **from** financial exposure under the scenarios determined under questions (1) and (2)?
- What might be the acceptable levels of financial and/or program success that would support an argument to continue the proposed model past a pilot program phase?



# Enrollment Issues

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- Enrollment in the long-term care PHP would be voluntary for participants.
- Those eligible would consist of the elderly (aged 65 and over), and persons with disabilities (aged 18 through 64).
- Limited to beneficiaries who meet existing MI Choice Waiver financial eligibility criteria and nursing facility level-of-care need.

# Developing a Prepaid Health Plan (PHP)

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- The PHP would provide Medicaid long-term care services in a limited geographic area.
- Ultimately the state may only contract with an entity qualified to meet CMS and state requirements for functioning as a capitated, risk-bearing entity.
- The selection of a provider entity is a key factor for success of the overall effort.
- A provider with existing experience with LTC home and community-based services, including nursing facility transitions, could be partnered with an existing licensed HMO.

# THE WISCONSIN EXPERIENCE

## Family Care

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- Cost Effective – Reduced overall Medicaid Costs -- Provided More Effective Services
- Reduced Institutionalizations
- Reduced Illness Burden
- Improved Functioning Level of Participants
- Average Monthly Savings of \$452/Person

# Next Steps

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- Complete Waiting List Study – Mid-August
- Complete Feasibility Study – Early Sept.
- Discuss Concept Paper with CMS – Ongoing
- Obtain Input from Stakeholders – Now and Ongoing
- Submit 1915 b/c Waivers – October, 2007
- Assist Local Site(s) with Preparations -- Ongoing
- Develop Quality Management Tools – Ongoing
- Implement at Local Site(s) between April and July, 2008

# References and Resources

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- “Family Care Independent Assessment: An Evaluation of Access, Quality and Cost Effectiveness, for Calendar Year 2003 – 2004”, written by APS Healthcare, Inc.
- “The Cost-Effectiveness of Non-Institutional Long-Term Care Services: Review and Synthesis of the Most Recent Evidence”, *David C. Grabowski*, Harvard Medical School, published in Medical Care Research and Review, Vol. 63 No. 1, (February 2006) 3-28
- U.S. General Accounting Office. 1994. “Medicaid Long-Term Care: Successful State Efforts to Expand Home Services while Limiting Costs.” GAO/HEHS-94-167. Washington, DC: U.S. General Accounting Office.

# **Michigan Department of Community Health Nursing Facility Resident Transition Policy Development**

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**

**MEDICAL SERVICES ADMINISTRATION  
AND  
OFFICE OF LONG-TERM CARE SUPPORTS AND SERVICES  
July 26, 2007**

# Michigan Transition Policy

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- Support the movement to home & community care of individuals who are Medicaid beneficiary residents of Michigan nursing facilities who:
  - Express the desire to move to a home & community setting
- Provide, as needed for the costs of their transition to a home & community setting of their choice, based upon a person-centered planning process
- Assure needed services and supports through the Medicaid program, based upon functional and financial eligibility
- Supports Olmstead Supreme Court ruling

# Transition Policy I:

## MSA Bulletin 05-21

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- Coordination & support for 6 month prior to transition
- Up to \$3,000 in costs without pre-approval
- Allowable transition costs:
  - Housing deposits
  - Utility hook-ups & deposits
  - Furniture, appliances & moving expenses
  - One-time cleaning



# Transition Policy II

## Alternative funds available for:

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- Good-faith efforts that do not result in a transition (e.g. due to death)
- Costs not Medicaid-reimbursable, but essential to accomplishing transition (e.g. delinquent debt)
- Transition costs for individuals not eligible for MI Choice Waiver

# Transition Policy III

## November 23, 2005 L-Letter

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- Funds new MI Choice slot over and above current allocations
- Nursing facility resident for at least 6 months
- Paired with NF resident for less than 6 months
- “Two-fer policy”
- Exceptions may be granted by the State Medicaid Director

# Deficit Reduction Act (2006)

## Money Follows the Person Rebalancing Demonstration

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- Offered grants to states to support transitions of “long-stayers” – i.e. six+ months of residence
- Provides enhanced federal match (78% vs. 56%) for 12 months
- Michigan can access \$67 million, FY 2008-2011
- Target: 3,100 transitions during grant period
- Candidates institutionalized for at least 6 months, MA for 1 month
- Benchmarks:
  - Number of transitions each year
  - Spending on HCBS each year
  - 3 state-determined benchmarks

# DRA MFP

## Rebalancing Demonstration Grant II

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- Funds Housing Coordinators at SPEs starting FY 2009
- 600 Transitions to licensed settings with MI Choice services, FY 2009
- Qualified residence:
  - Home owned or leased by consumer or family
  - Apartment with lease, lockable access, cooking area, under consumer's control
  - Community residence with not more than 4 unrelated residents

# DRA MFP Grant III

## Operational Protocol Components

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ation and administration

# DRA MFP Grant III

## Operational Protocol Components

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- Policies and procedures (Transition Pathway)
- Continuity of care post demonstration
- Organization and administration

# DRA MFP Grant IV

## Transition Pathway:

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- Community outreach
- Identifying individuals
- Person-centered planning
- Transition agreement
- Service arrangements
- Follow-up

# DRA MFP Grant V

## Barrier to Achieving Transitions

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- Available housing
- Affordable housing
- Accessible housing



# DRA MFP Grant VI

## Transition Issues:

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- Family support
- Guardianship
- Risk management
- Pathway potholes:
  - Bad credit, debts
  - Criminal record
  - Substance abuse



Michigan Department of Community Health

# **Nursing Facility Transition Data FY 2006 & FY 2007**

Through June 30, 2007

LTC Information Forum

July 26, 2007

# Transition Status Categories

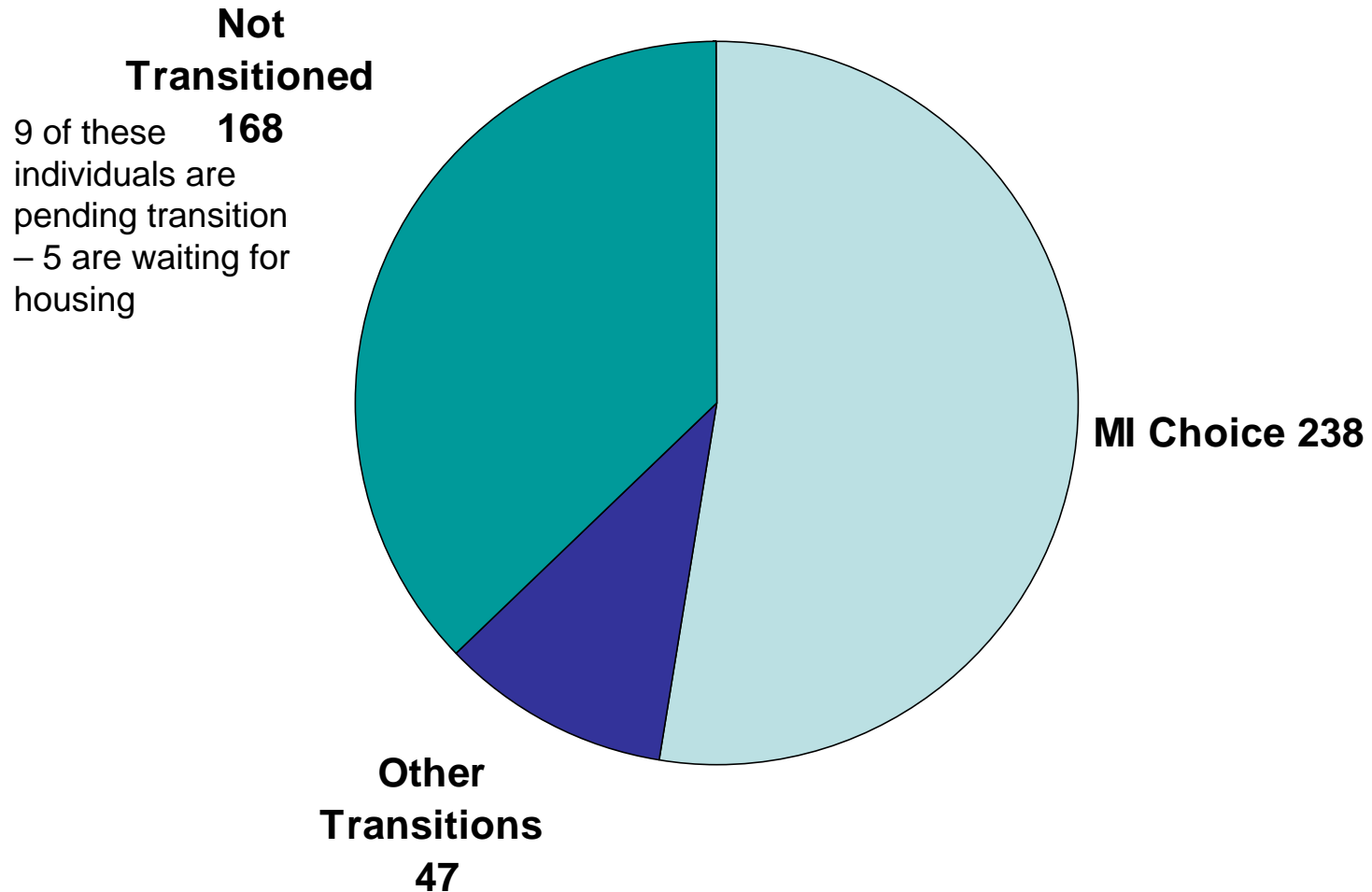
- MI Choice
  - Nursing facility residents that enroll in the MI Choice waiver program upon transition; transition costs are paid through the MI Choice Waiver
- Other Transitions
  - Nursing facility residents that do transition but do not enroll in the MI Choice program upon transition. These participants may utilize Adult Home Help, AFC, Assisted Living, or other community-based programs upon transition. A significant portion of these persons' transition costs are paid for by CMP funding.
- Not Transitioned
  - Nursing Facility Residents assessed by a transition agent who did not transition to the community. A portion of these individuals may still be transitioned.

# NFT Categories

- > 6 Months
  - Nursing facility residents that have resided in the facility for at least six months.
- < 6 Months
  - Nursing facility residents that have not resided in a nursing facility for six months.
- Exception (MI Choice only)
  - Persons who have not resided in a nursing facility for six months, but for whom MSA has approved additional MI Choice slot funding
- Diversion (MI Choice only)
  - Persons who do not reside in a nursing facility, but are at high risk of nursing facility placement without MI Choice services, and for whom MSA has approved additional MI Choice slot funding.

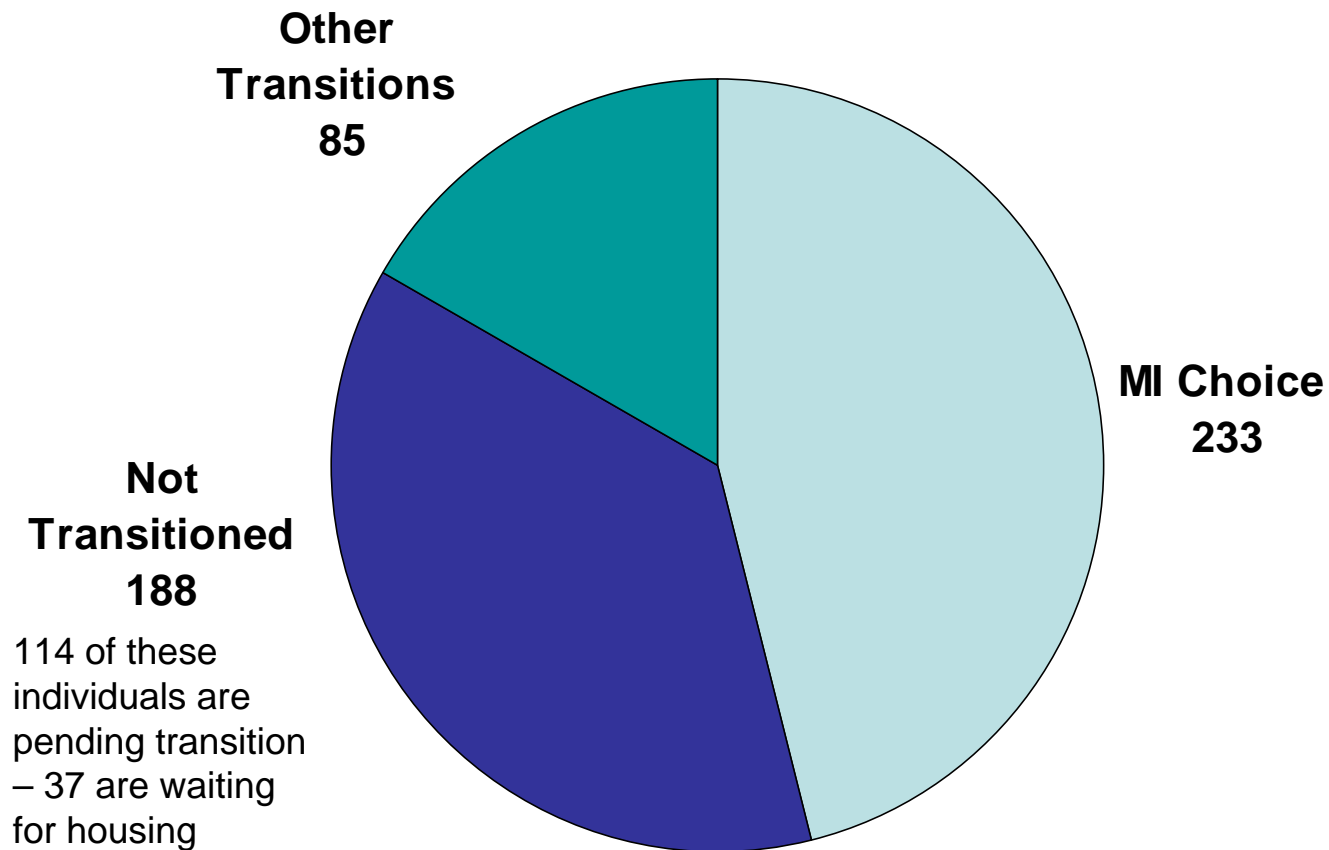
# FY 2006 Nursing Facility Transition Outcomes

Total Participants = 453



# FY 2007\* Nursing Facility Transition Outcomes

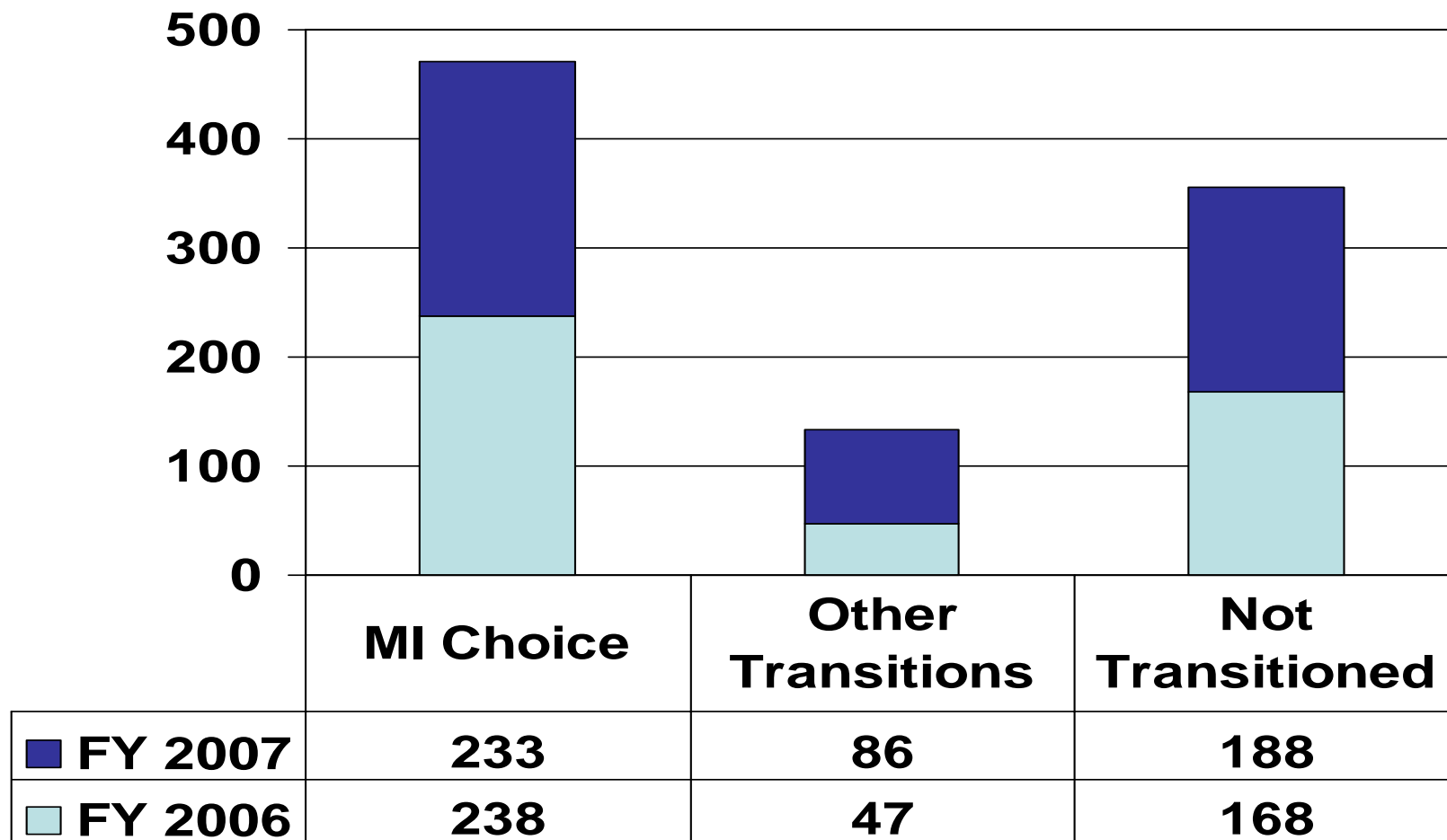
Total Participants = 507



\* FY 2007 data is as of June 30, 2007

# FY 2006 and FY 2007\* NFT by Program Type

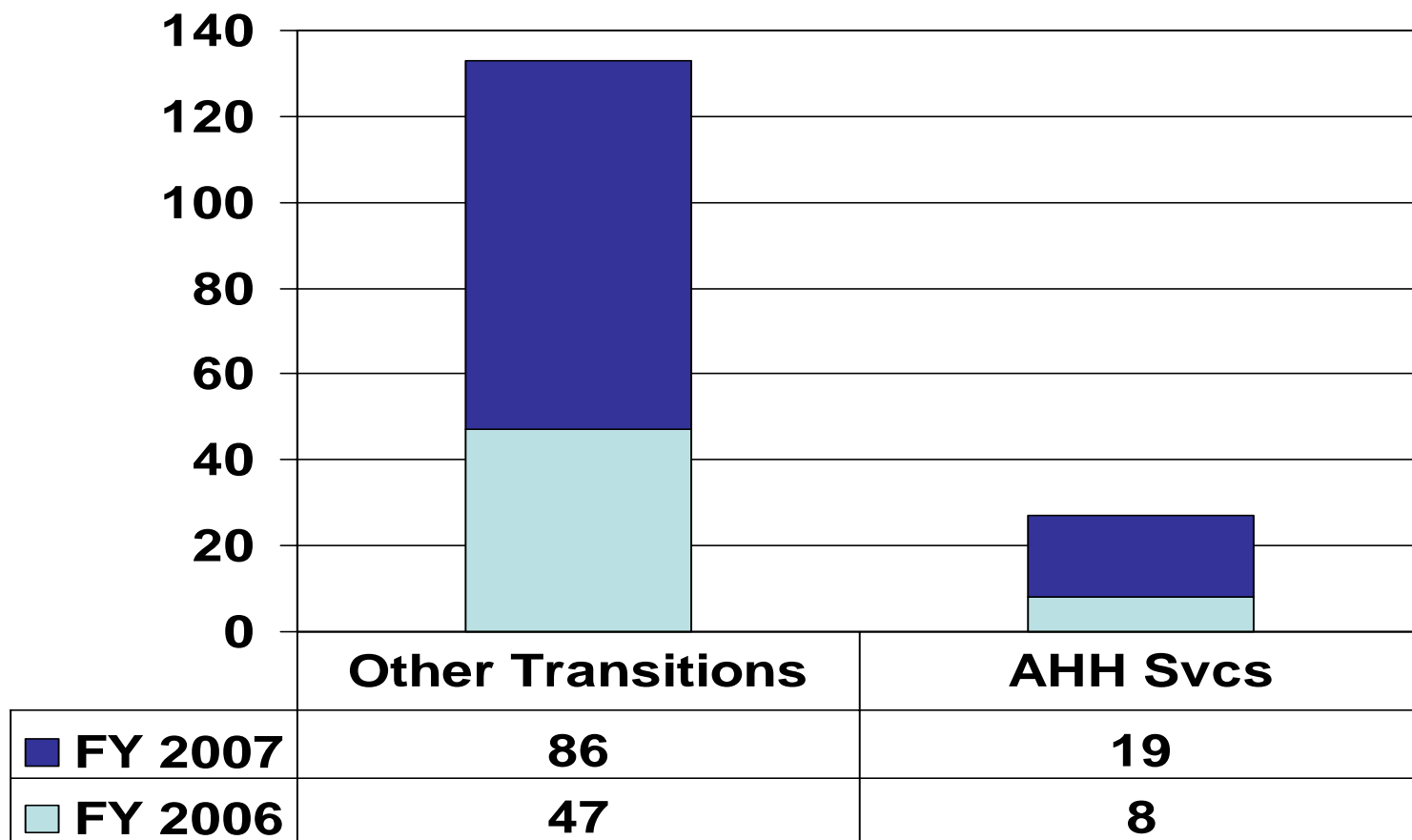
Total Participants = 959



\* FY 2007 data is as  
of June 30, 2007

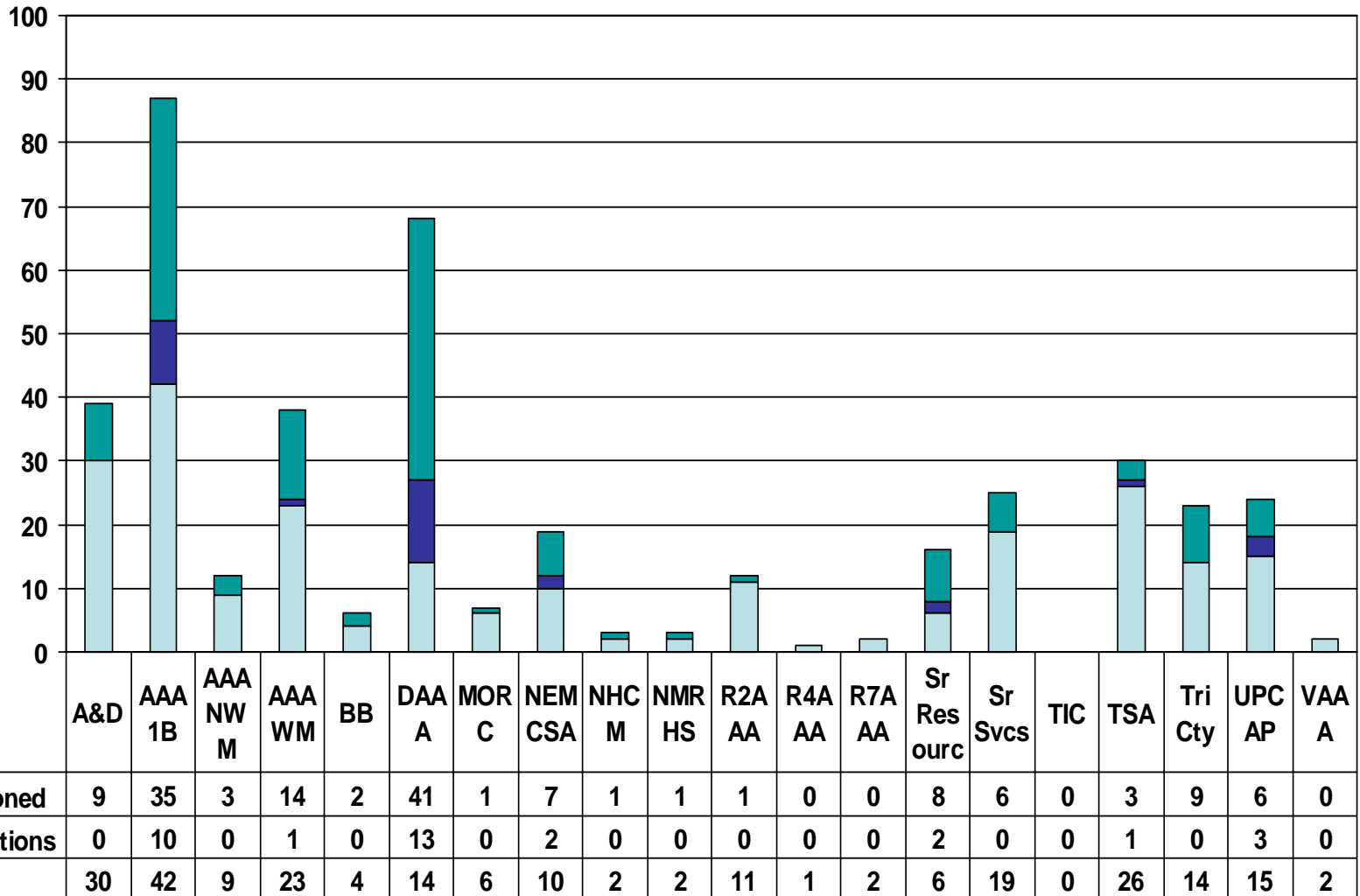


# FY 2006 and FY 2007\* NFT to the Community Using AHH Services

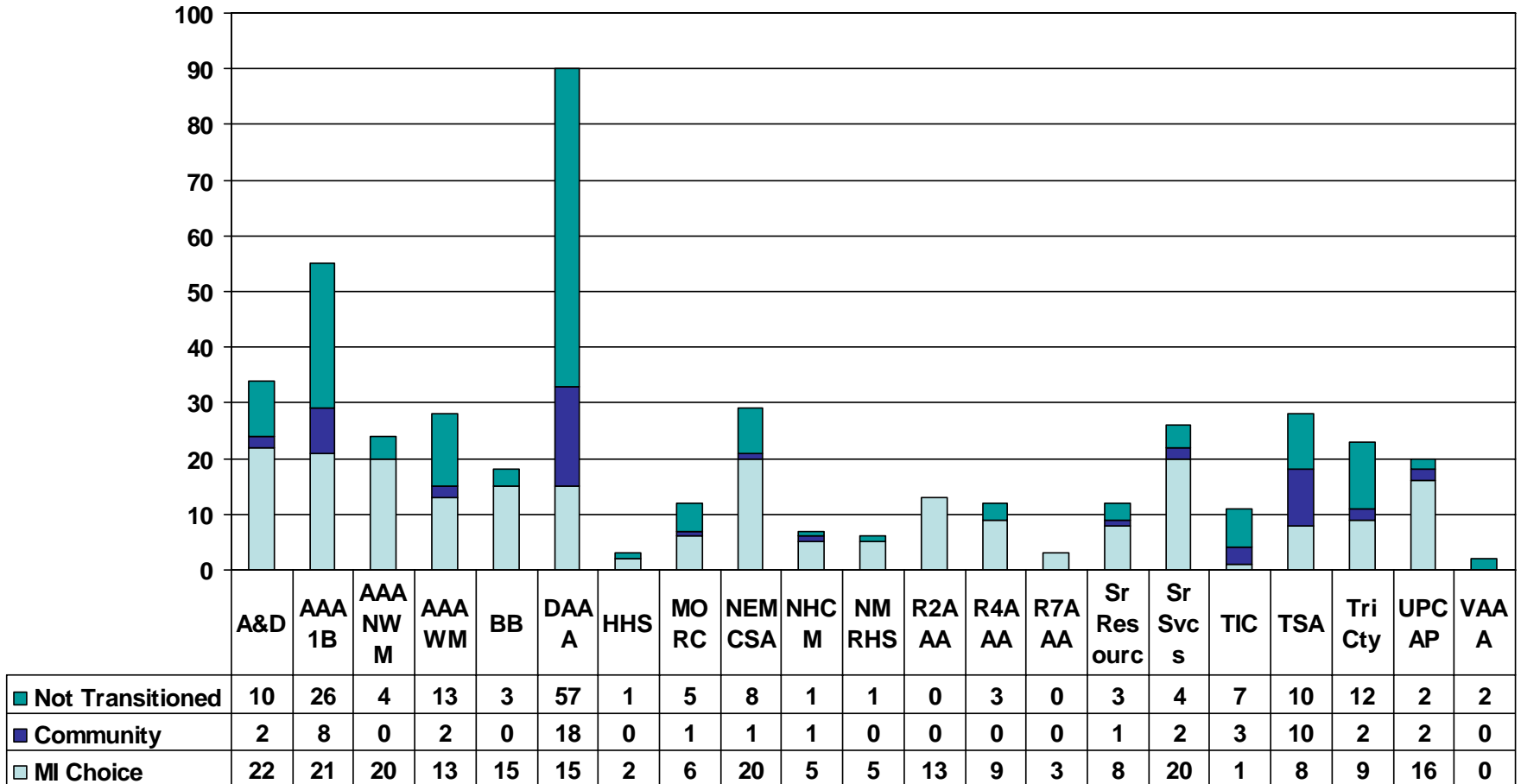


\* FY 2007 data is as of June 30, 2007

# NFT Transitions for FY 2006 by Waiver Agent

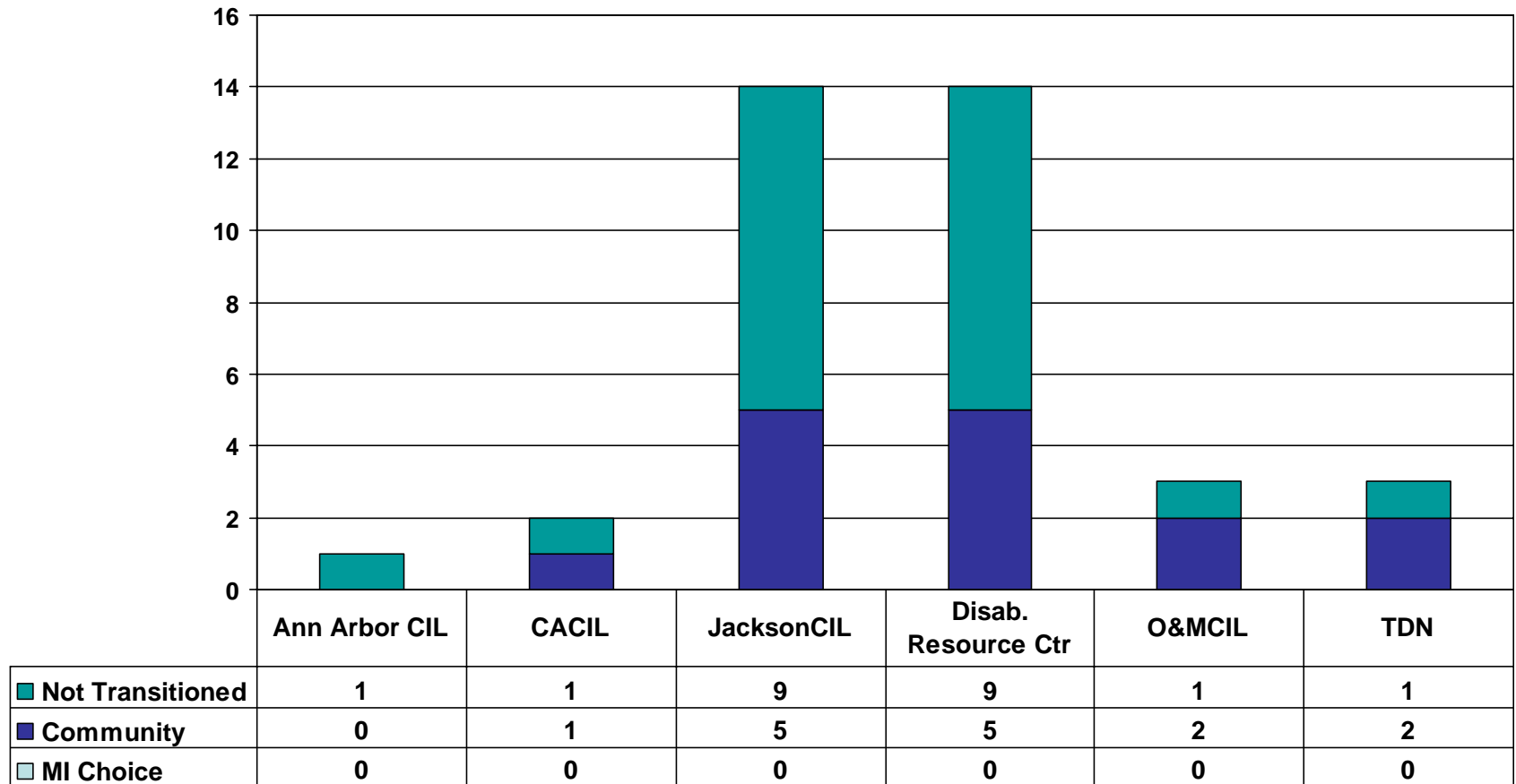


# NFT Transitions for FY 2007\* by Waiver Agent

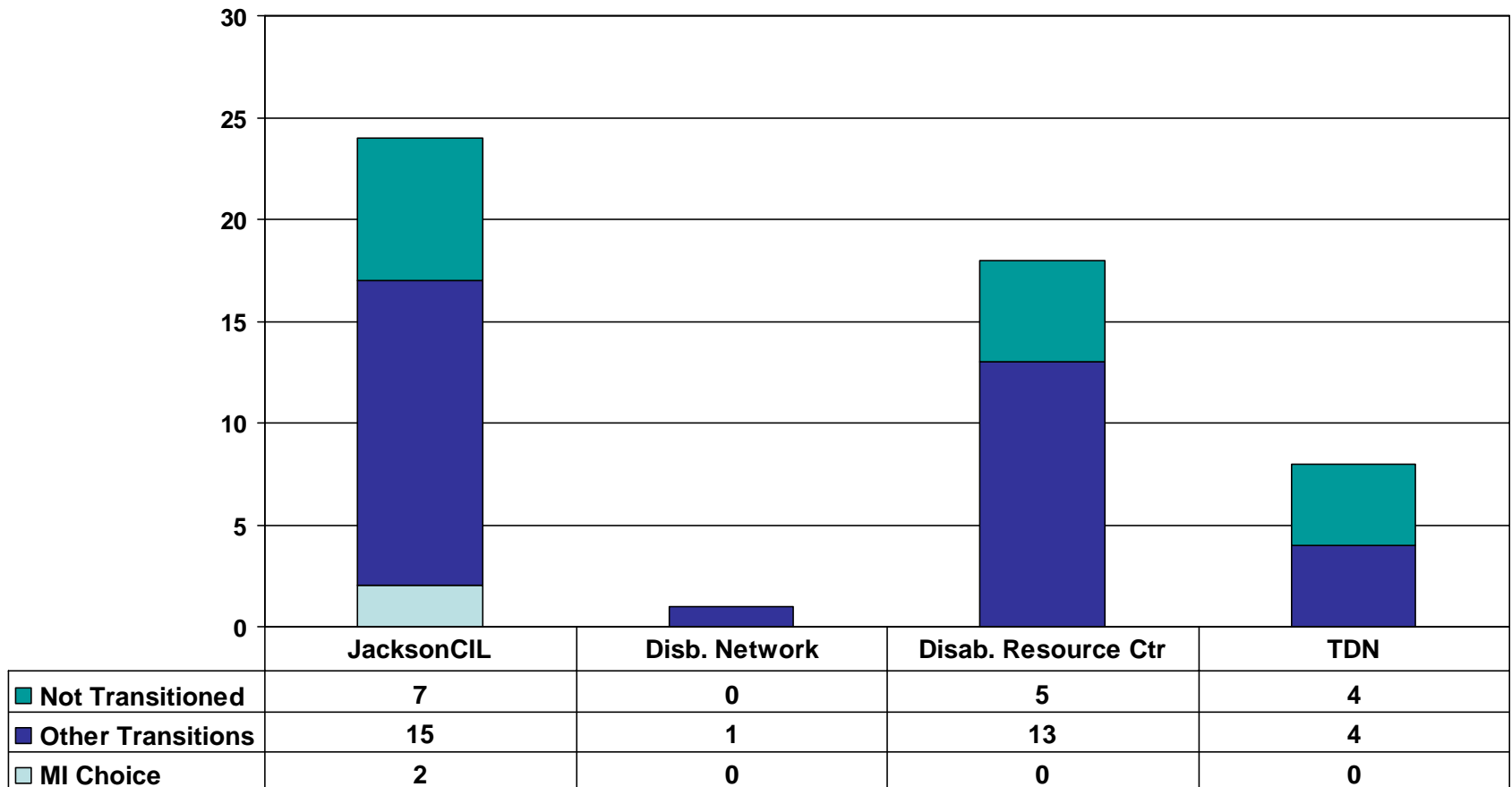


\* FY 2007 data is as of June 30, 2007

# NFT Transitions for FY 2006 by CIL



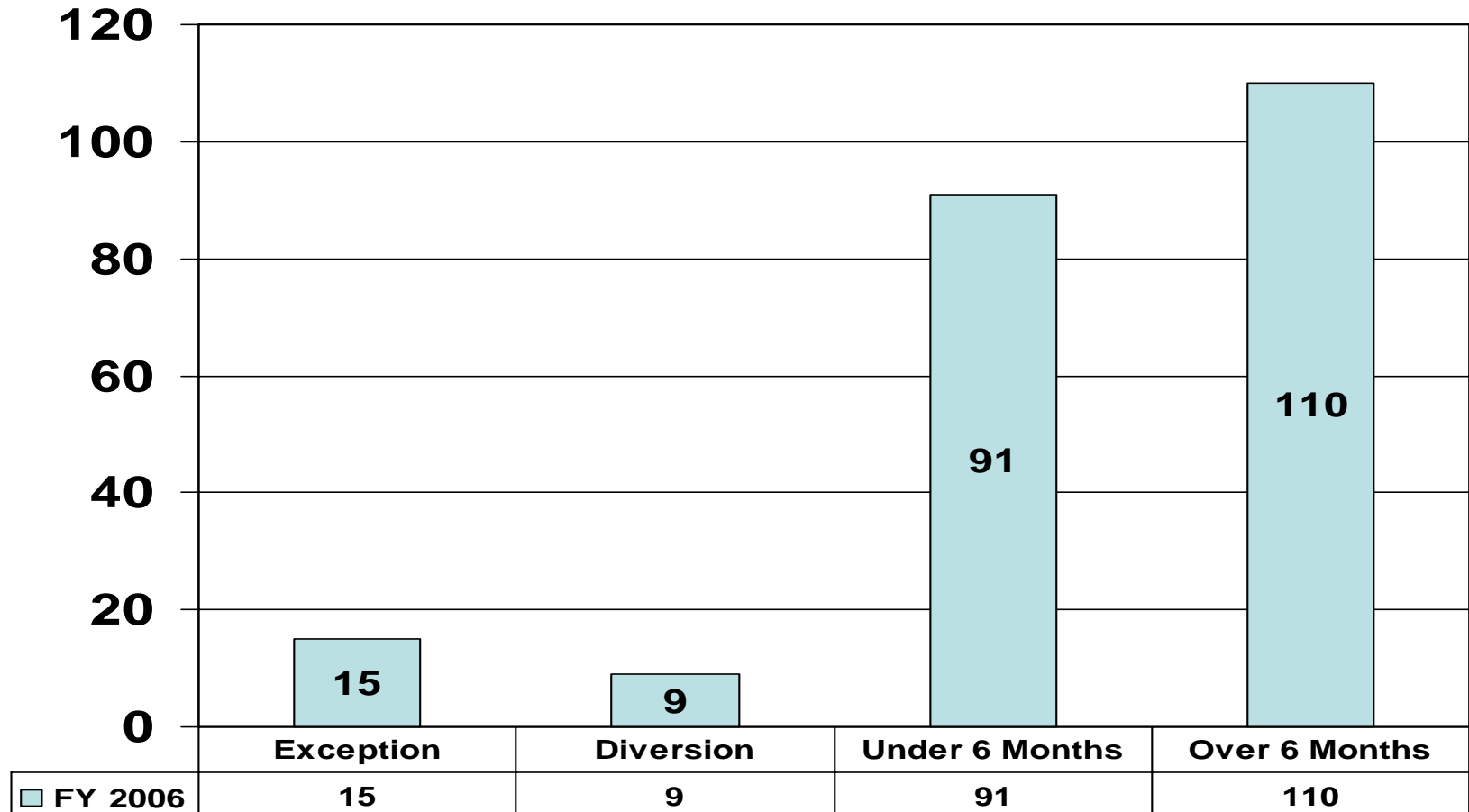
# NFT Transitions for FY 2007\* by CIL



\* FY 2007 data is as of June 30, 2007

# FY 2006 Nursing Facility Transitions by Type

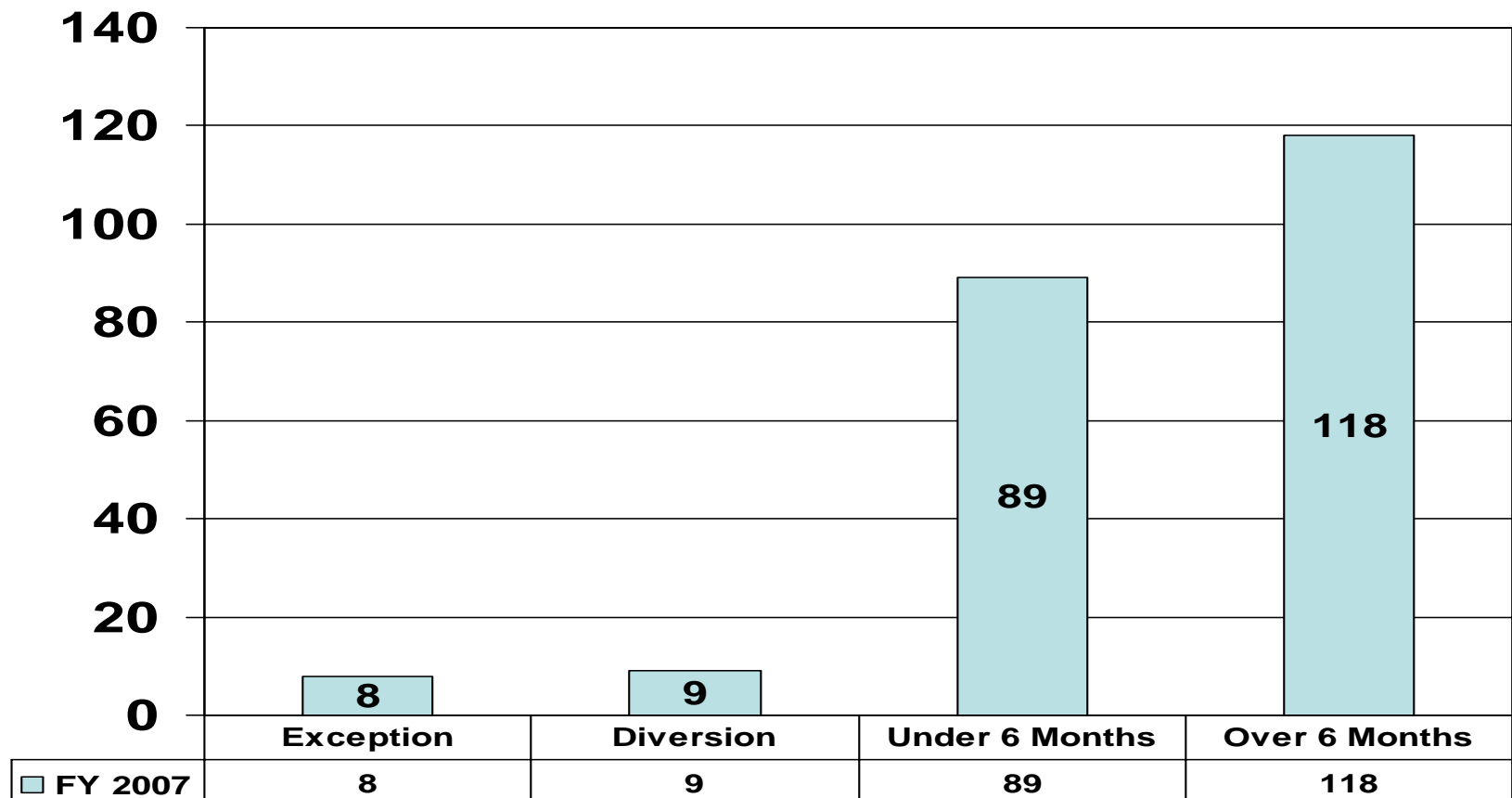
Total Participants = 225 \*



\* Data was not provided for all participants

# FY 2007\* Nursing Facility Transitions by Type

Total Participants = 224 \*\*

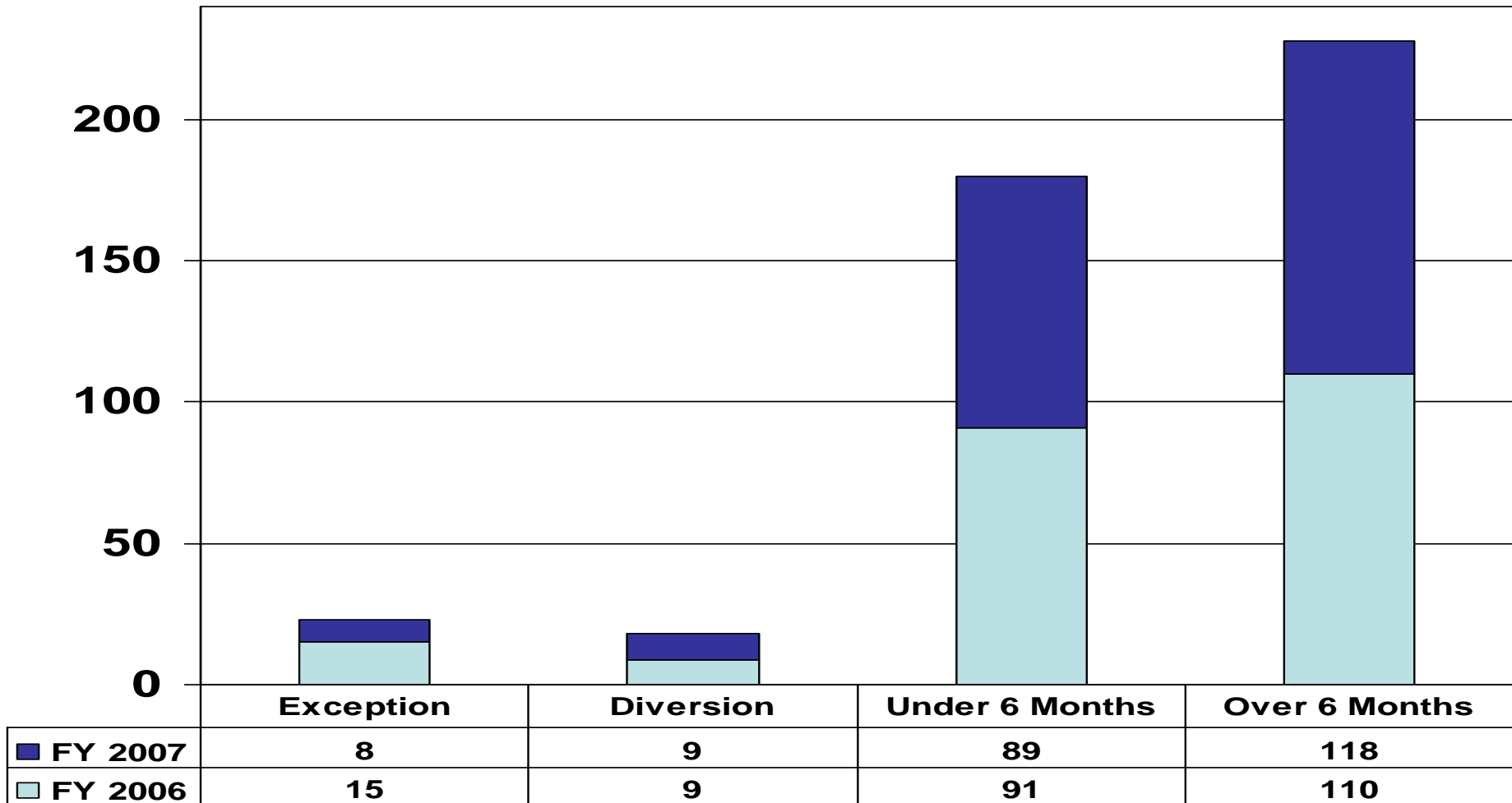


\* FY 2007 data is as of June 30, 2007

\*\* Data was not provided for all participants

# FY 2006 & FY 2007\* NFT By Type of Transition

Total Participants = 449 \*\*



\* FY 2007 data is as of June 30, 2007

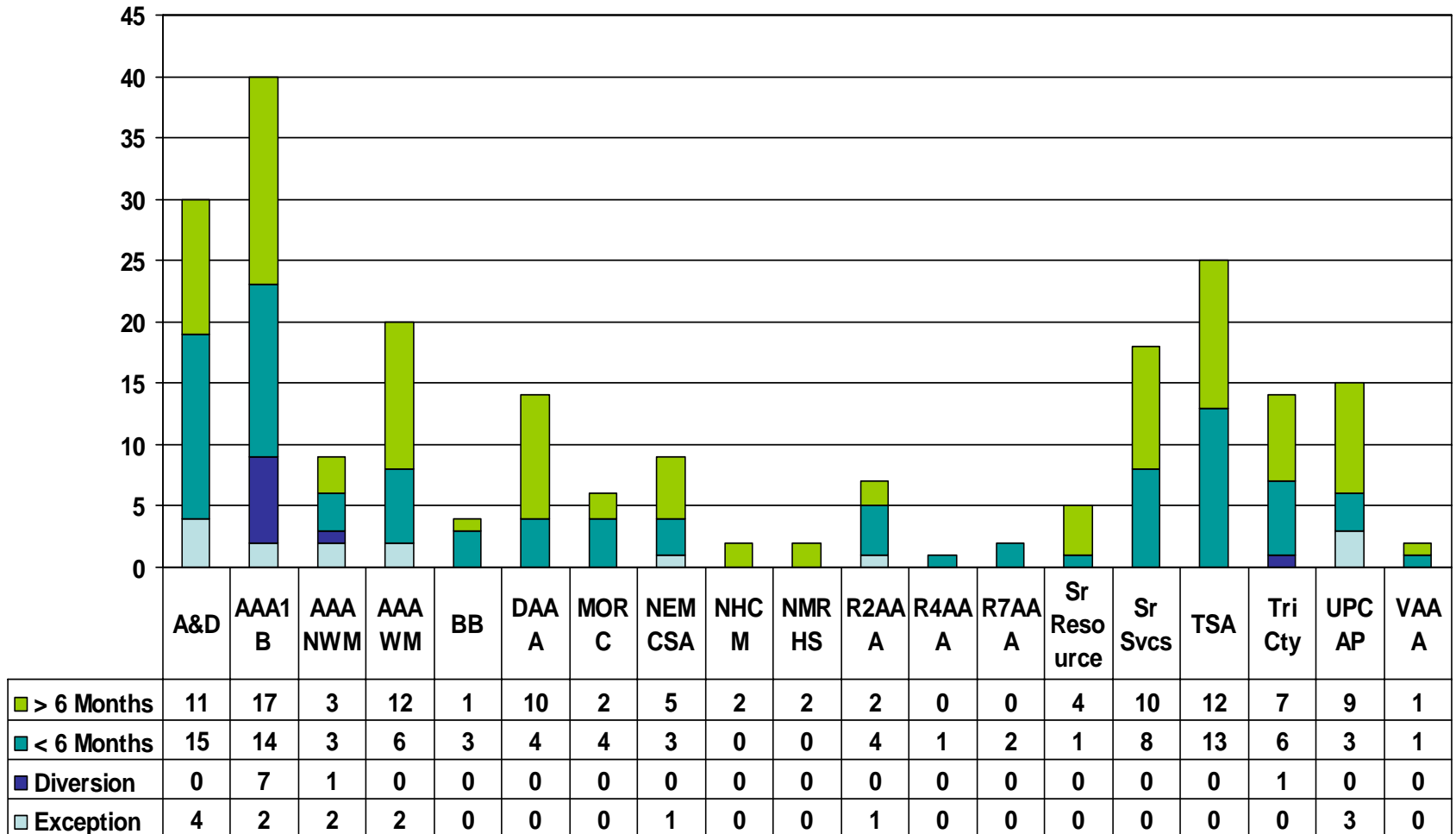
■ **FY 2006** ■ **FY 2007**

\*\* Data was not provided for all participants



# FY 2006 NFT by Waiver Agent and Type

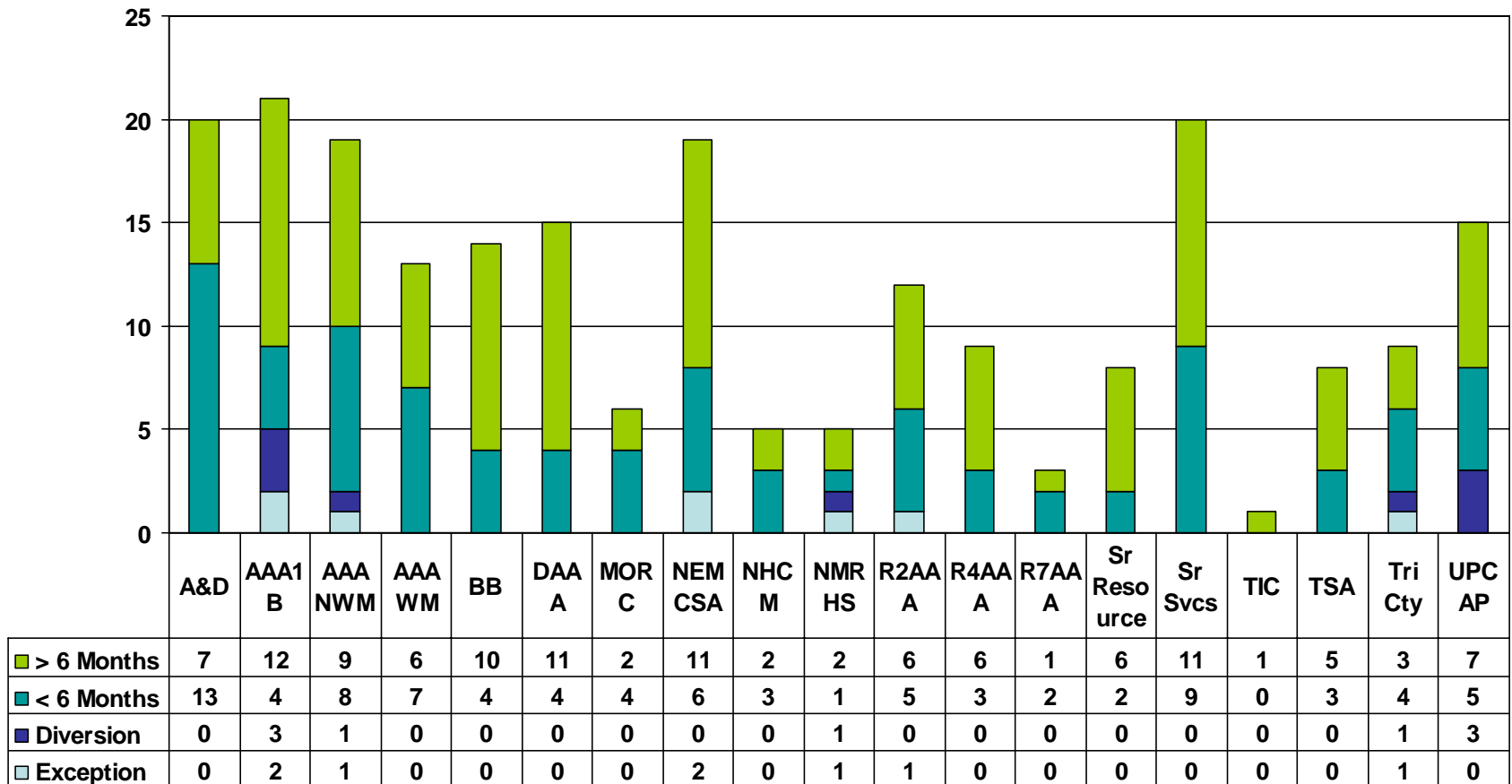
Total Participants = 225 \*



\* Data was not provided for all participants

# FY 2007\* NFT by Waiver Agent and Type

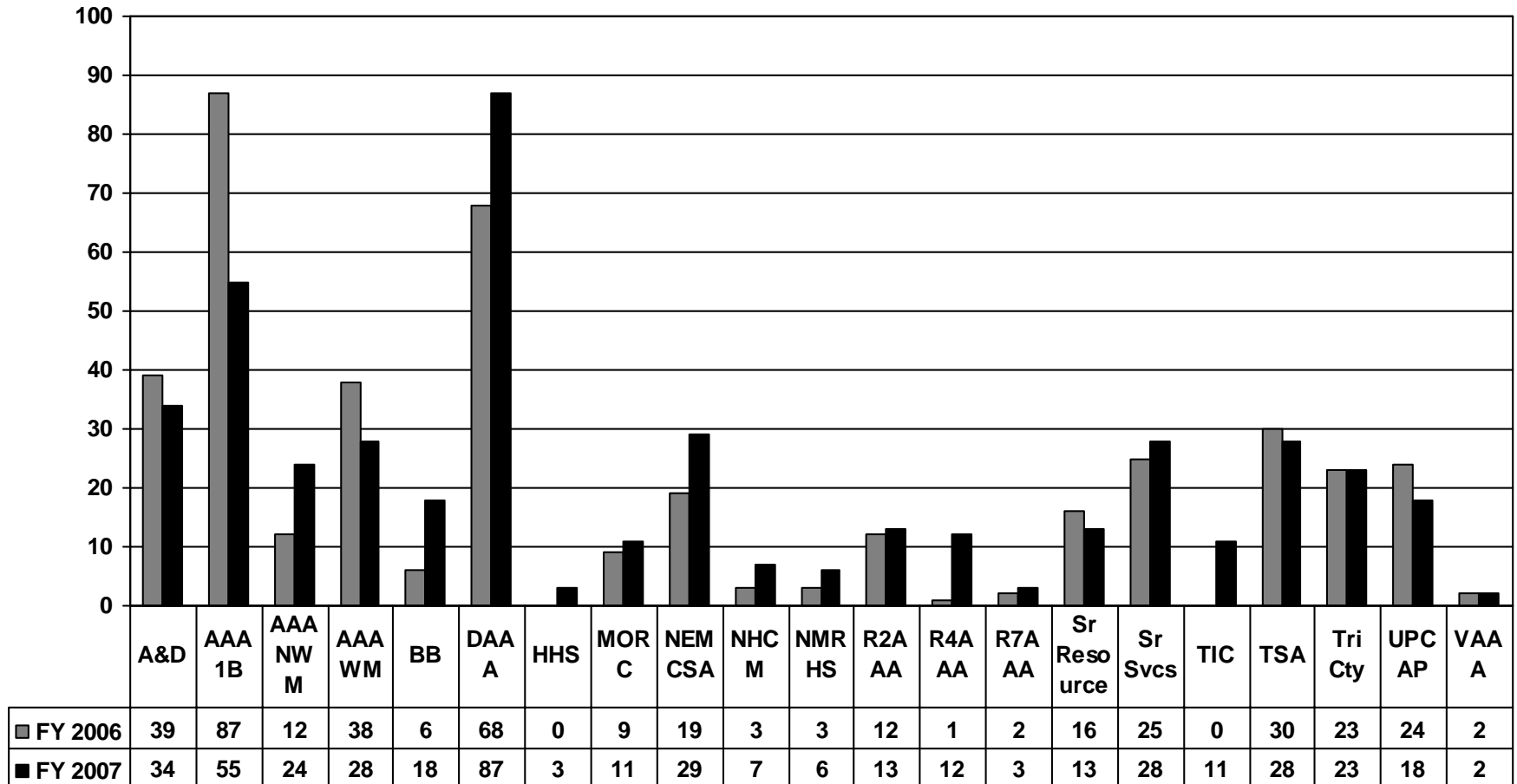
Total Participants = 224 \*



\* FY 2007 data is as of June 30, 2007

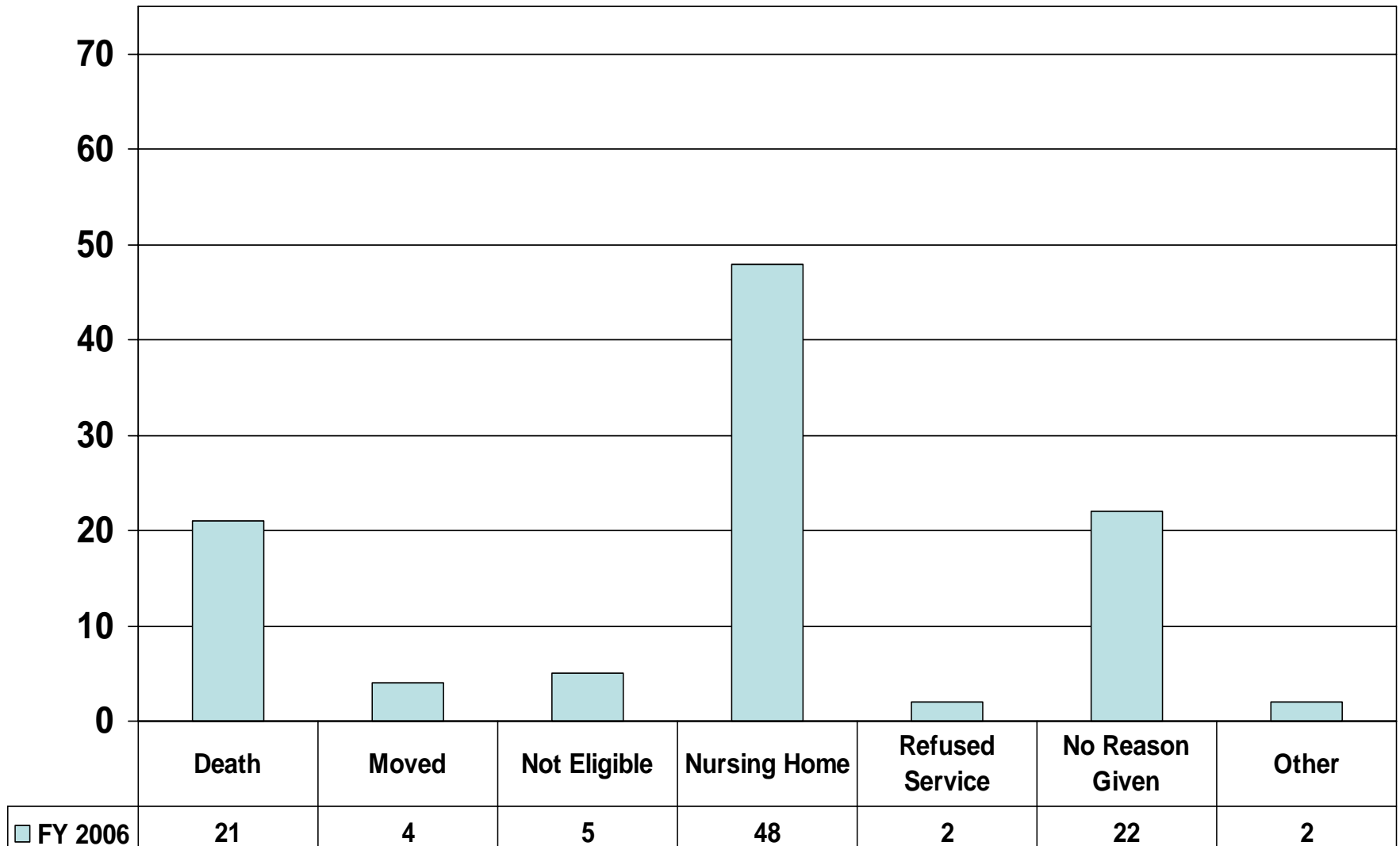
\* Data was not provided for all participants

# Total NFT for FY 2006 and FY 2007\* NFT by Waiver Agent

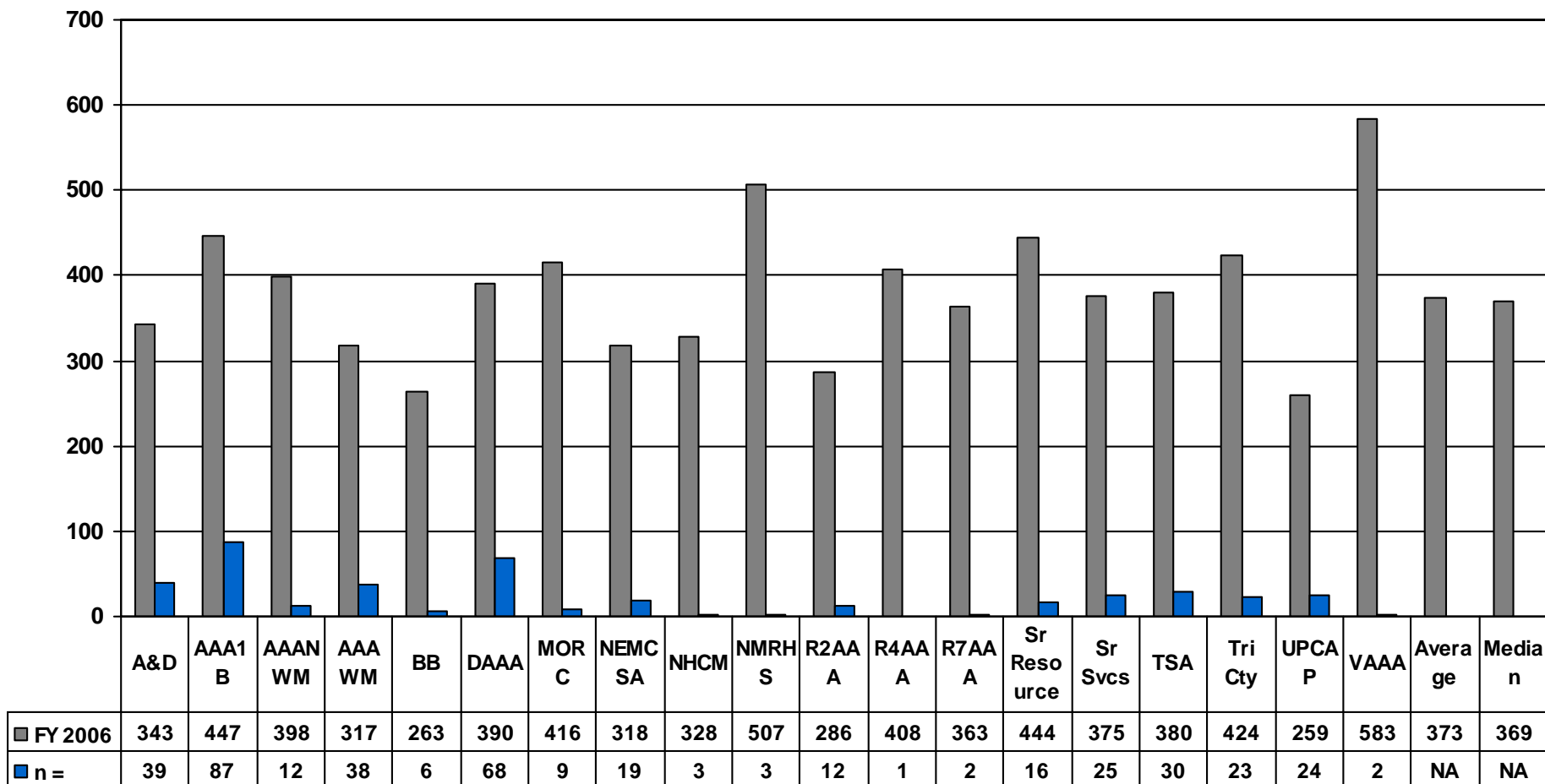


\* FY 2007 data is as of June  
30, 2007

# Number of Transitions Who Left MI Choice in FY 2006



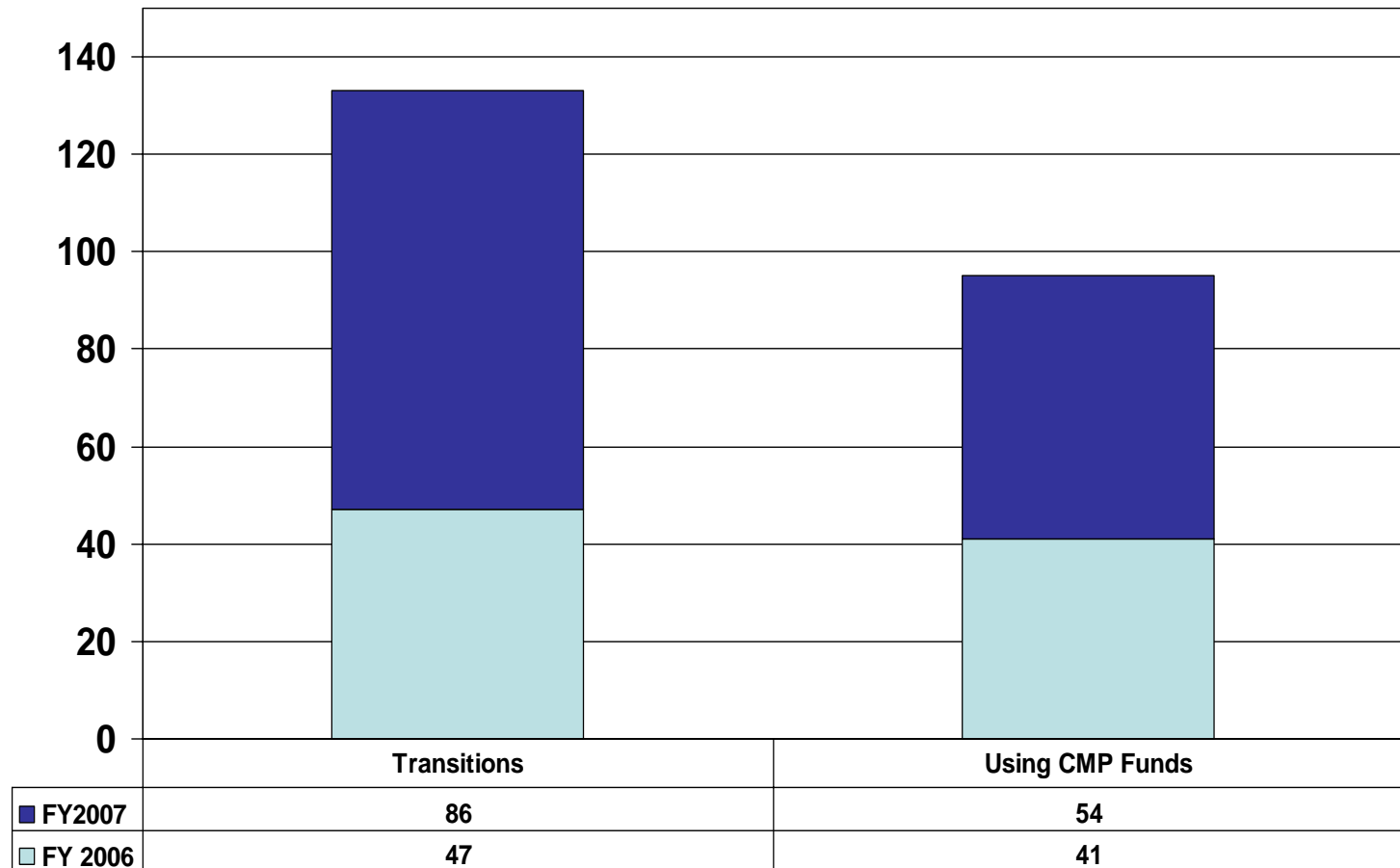
# Average Length of Stay in MI Choice by Waiver Agent for FY 2006\*



"n" is no. of individuals transitioned

\* Through June 30, 2007

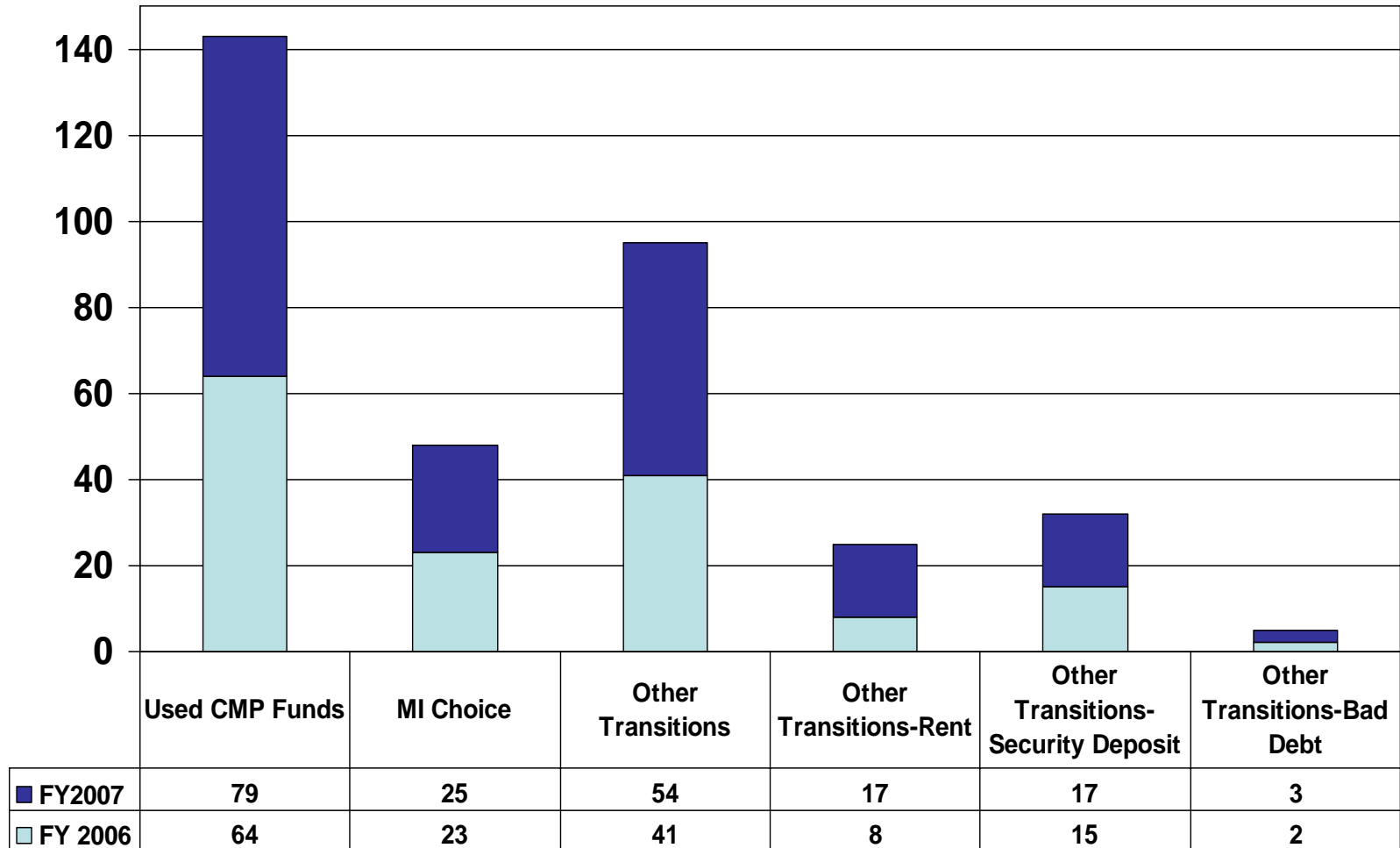
# Other Transitions Using CMP Funding in FY 2006 and FY 2007\*



\* FY 2007 data is as of June 30, 2007

■ FY 2006 ■ FY2007

# NFT Using CMP Funding in FY 2006 and FY 2007\*



\* FY 2007 data is as of June 30, 2007

■ FY 2006 ■ FY2007





**Bulletin:** MSA 05-21

**Distribution:** Medicaid MI Choice Home and Community Based Program for Elderly and Disabled  
(MI Choice Program - Provider Type 77)  
Nursing Facilities (Provider Type 60)  
County Medical Care Facilities (Provider Type 61)  
Hospital Long Term Care Units (Provider Type 62)  
Hospital Swing Beds (Provider Type 63)  
Ventilator Dependent Care Units (Provider Type 63)  
Centers for Independent Living

**Issued:** April 1, 2005

**Subject:** MI Choice Program Nursing Facility Transition Services and Waiting List Policy

**Effective:** May 1, 2005

**Programs Affected:** Medicaid

## Purpose

The Michigan Department of Community Health (MDCH) is implementing a procedure for the utilization of Waiting Lists for persons who request participation in the MI Choice Program when requests for participation exceed program capacity. MDCH is also initiating a new MI Choice Program covered service, Nursing Facility Transition Services, that will allow reimbursement for specific costs associated with transitioning individuals from nursing facilities to the MI Choice Program.

## Waiting Lists

Based on annual budget appropriations for the MI Choice Program, individual agencies are provided a maximum budget for services. Effective May 1, 2005, a Waiting List procedure will be implemented should the number of participants receiving and applying for MI Choice Program services exceed program capacity.

Any person who expresses interest in the MI Choice Program must be evaluated by telephone using the Telephone Intake Guidelines (TIG) at the time of his or her request. If the person is seeking services for another, the MI Choice Program agent shall either:

- Contact the person for whom services are being requested, or
- Complete the TIG to the extent possible using information known to the caller

Applicants to the program who are determined presumptively eligible based on financial criteria and the TIG must be offered a face-to-face evaluation within seven days if the MI Choice Program is accepting new participants. Applicants who are determined presumptively eligible when new participants are not being accepted must immediately be placed on the MI Choice Program Waiting List. If an applicant who is determined presumptively eligible through the TIG screening process does not receive a face-to-face evaluation within seven days, the person shall be placed on the Waiting List based on the priority category, chronologically by date of the original request for services. Contact logs will no longer be used.

Applicants who are determined ineligible based on telephonic screen information may request a face-to-face evaluation using the Michigan Medicaid Nursing Facility Level of Care Determination and financial eligibility criteria. MI Choice Program agents must issue an adverse action notice and advise applicants of his or her appeal rights when the applicant has been determined ineligible either through telephonic screening or face-to-face evaluation.

When an applicant appears to be eligible based on the TIG, but does not appear to meet financial eligibility requirements, the MI Choice Program agent must allow the applicant a place on the waiting list if it appears that he or she may become financially eligible within 60 days.

Each MI Choice Program agent will maintain a Waiting List for its service area. Applicants will be placed on the Waiting List chronologically (by the date of request for services) by priority category (when known). Available slots are then assigned on a first come/first served basis using the following categories, listed in descending order of priority.

- **Persons no longer eligible for Children's Special Health Care Services (CSHCS) because of age**  
This category includes only persons who continue to need Private Duty Nursing care at the time coverage ended under CSHCS.
- **Nursing Facility Transition participants**  
A given number of program slots will be targeted by MDCH each year to accommodate nursing facility transfers. Nursing facility residents are a priority only until the enrollment target established by MDCH has been reached.
- **Current Adult Protective Services (APS) clients**  
When an applicant who has an active APS case requests services, priority should be given when critical needs can be addressed by MI Choice Program services. It is not expected that MI Choice Program agents seek out and elicit APS cases, but make them a priority when appropriate.
- **Chronological Order by Date Services Were Requested**  
This category includes potential participants who do not meet any of the above priority categories and those for whom prioritizing information is not known.

Each Waiting List identifies applicants who have been presumed eligible based on the Telephone Intake Guidelines (or the Michigan Medicaid Nursing Facility Level of Care Determination) by priority category, and then in chronological order by date of service request. A service request date is defined as a contact by a person requesting services, or someone on his or her behalf, to the Waiver Agent voicing an interest in MI Choice Program services.

MI Choice Program agents will advise applicants on Waiting Lists of all alternative options for assistance, such as other MI Choice Program openings in a given area, Home Help service options, or paying privately for care until a MI Choice Program slot becomes available.

Applicants who have an established place on a waiting list and who want to move or apply to another MI Choice Program agency, may transfer to the new agency waiting list using the original service request date.

An adverse action notice must be provided to any applicant at the time they have been placed on the Waiting List. Required language for these notices is on the MDCH website at [www.michigan.gov/mdch](http://www.michigan.gov/mdch), select "Providers," select "Information for Medicaid Providers," select "Michigan Medicaid Nursing Facility Level of Care Determination."

Applicants listed on agent contact logs on May 1, 2005, and who have been presumed Medicaid eligible, will be contacted to determine their continued interest in the program and placed on the Waiting List based on their first service request date and priority category.

MI Choice Program agents must submit a report including the following summary information from Waiting Lists to MDCH LTC Program Development Section staff on a quarterly basis.

- Number of persons waiting in each category by number of months, i.e., the number of persons new to the list this month, waiting one month, two months, three months, etc.;
- Number of persons enrolled into the MI Choice Program from each category in the past quarter;
- Number of persons by category eliminated from the waiting list for any reason (except enrollment) during the last quarter, and the reason for removal.

The report must be e-mailed to Elizabeth Aastad ([AastadL@michigan.gov](mailto:AastadL@michigan.gov)) no later than the fifteenth of the month following the end of the quarter, as identified below:

Period	Due Date
October - December	January 15th
January - March	April 15th
April - June	July 15th
July - September	October 15th

The first report, due July 15, 2005, will include information from May 1, 2005 through June 30, 2005. A suggested format for the quarterly report is included as an attachment to this bulletin.

### **Nursing Facility Transition Services**

Nursing Facility Transition Services are reimbursable as a MI Choice Program service. MDCH will reimburse MI Choice Program agents for coordination and support services over a six-month period of nursing facility stay. In addition, MDCH will reimburse allowable transition expenses incurred over the same six month period for potential program participants who intend to transfer into the MI Choice Program.

MDCH must pre-approve any plans projected to total more than \$3,000, which includes transition and support/coordination costs. No payments will be made to the MI Choice Program agent for Nursing Facility Transition Services until the applicant has been enrolled into the MI Choice Program.

MDCH annually allocates a specific portion of funds for Nursing Facility Transitions coordinated by MI Choice Program agents. This amount is identified in the annual MDCH/MI Choice Program Agency contract.

The MI Choice Program agent must develop a nursing facility transition plan that includes all projected transition costs (except support and coordination). The plan must be based on individual goals and needs. The transition plan must be included within the participant's medical record and updated to reflect any changes.

When a transition plan has been initiated, the MI Choice Program agent must ensure that sufficient funding is available in its current contract to absorb the service costs for the potentially transitioned participant. MDCH will issue Nursing Facility Transition Practice Guidelines to assist MI Choice Program and other transition agents in developing transition plans. Draft guidelines will be released for public comment prior to implementation.

In addition, the MI Choice Program agent must notify MDCH of its intention to transition a nursing facility resident to the MI Choice Program when initiating a nursing facility transition plan. Procedures for notification can be obtained from the MI Choice Program contract manager.

When nursing facility residents have been effectively transferred to the MI Choice Program, claims for transition services may be submitted for reimbursement. Waiver agents should contact their contract manager when nursing facility residents, who were provided transition services, expire or will not be enrolled in the MI Choice Program for other reasons.

As an approved MI Choice Program service, Nursing Facility Transition Services may be coordinated by a registered nurse or clinical social worker (BSW or MSW). Staff who qualify as care managers may also coordinate nursing facility transition services.

Allowable transition costs include the following:

- Housing deposits: A one-time expense to secure housing or obtain a lease.
- Utility hook-ups and deposits: A one-time expense to initiate and secure necessary utilities (cable is not included).
- Furniture, appliances, and moving expenses: One-time expenses necessary to occupy and safely reside in a community residence (TVs and VCRs are not included).
- Cleaning: A one-time cleaning expense to assure a clean environment, including pest eradication, allergen control, and overall cleaning.

### **Nursing Facility Transition Services – Other Than MI Choice Program Participants**

MDCH will annually allocate additional alternative funds to further support Long Term Care Nursing Facility Transitions in the following ways:

- **Category 1:** Provide reimbursement for MI Choice Program agents who, on good faith, attempted to transition a Nursing Facility resident into their program using MI Choice Program services but failed related to the resident's death, resident's refusal of MI Choice Program services, or for other reasons.
- **Category 2:** Provide MI Choice Program agents with transition gap-filling funds for those nursing facility residents who have identified transition costs that are not reimbursable under Medicaid, such as a limited amount of delinquent debt.
- **Category 3:** Provide reimbursement to assist in transition of nursing facility residents who do not meet the level of care requirements for the MI Choice Program (resident does not meet the NF LOC criteria or qualifies only under Door 7).

Use of these alternative funds will require the same guidelines, notification, and approval processes as does MI Choice Program Nursing Facility Transition Services. MDCH will accept requests for Category 3 use of the funds from MI Choice Program agents and the Michigan Association of Centers for Independent Living (MACIL).

MI Choice Program and Centers for Independent Living (CIL) transition agents will work with nursing facilities to identify residents appropriate for transfer and submit their requests to the MDCH Administrative Support and Contract Development Section (telephone 517-335-5068 or 517-241-9937). Section staff will evaluate requests for transition services funding on a first come/first served basis.

In addition, the Transition agent must notify MDCH of its intention to transition a nursing facility resident to the community and gain pre-approval for use of funds when initiating a transition plan. No funds should be expended until MDCH has approved the individual projected expenses for a resident. Requirements for notification can be obtained by contacting the MDCH Administrative Support and Contract Development Section.

Claims for transition services may be submitted for reimbursement as they occur. MDCH will reimburse MI Choice Program agents and the MACIL as noted above for transitions of nursing facility residents who are not intended for enrollment into the MI Choice Program. Individual Centers for Independent Living may perform these services, but must coordinate and bill through MACIL.

Transition agents should contact the MDCH Administrative Support and Contract Development Section staff when nursing facility residents who were provided transition services expire, or who will not be transferring to the community for other reasons.

### **Manual Maintenance**

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual or the MDCH website.

## Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Michigan Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may telephone toll-free 1-800-292-2550.

## Approved

A handwritten signature in black ink, appearing to read "Paul Reinhart". The signature is fluid and cursive, with the first name "Paul" being more prominent than the last name "Reinhart".

Paul Reinhart, Director  
Medical Services Administration

## MI Choice Program Waiting List Quarterly Summary Report

Agent: \_\_\_\_\_

Quarter: \_\_\_\_\_ Submission Date: \_\_\_\_\_

		Categories			
		CSHCS	NFT	APS	Others
<b>A.</b>	<b>Persons enrolled this quarter</b>				
<b>B.</b>	<b>Persons eliminated from waiting list due to:</b>				
	○ <b>Death</b>				
	○ <b>Move from region</b>				
	○ <b>Other (describe)</b>				
	○ <b>Other (describe)</b>				
	○ <b>Other (describe)</b>				
<b>C.</b>	<b>Persons Waiting</b>				
	○ <b>Less than one month (new)</b>				
	○ <b>One Month</b>				
	○ <b>Two Months</b>				
	○ <b>Three Months</b>				
	○ <b>Four Months</b>				
	○ <b>Five Months</b>				
	○ <b>Six Months</b>				
	○ <b>Seven Months</b>				
	○ <b>Eight Months</b>				
	○ <b>Over eight months</b>				

### Instructions

This report is due from each MI Choice Program agent quarterly. The report must be submitted to Elizabeth Aastad ([AastadL@michigan.gov](mailto:AastadL@michigan.gov)) on the following schedule.

Period	Due Date
October - December	January 15th
January - March	April 15th
April - June	July 15th
July - September	October 15th

- A.** Number of persons enrolled into the MI Choice Program from each category in the past quarter
- B.** Number of persons by category eliminated from the waiting list for any reason (except enrollment) during the last quarter, and reason for removal.
- C.** Number of persons waiting in each category by number of months; i.e., the number of persons new to the list this month, waiting one month, two months, three months, etc.



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH  
LANSING

JENNIFER M. GRANHOLM  
GOVERNOR

JANET OLSZEWSKI  
DIRECTOR

**Date:** November 17, 2005

**To:** MI Choice Program Agents

**From:** Paul Reinhart, Director  
Medical Services Administration

Jan Christensen, Interim Director  
Office of Long Term Care Supports and Services

**Subject:** MI Choice Program Transition Costs

Effective immediately, the Michigan Department of Community Health (MDCH) will provide reasonable, directly-related transition costs for Medicaid Beneficiaries who choose to transition from nursing facilities into the MI Choice Program and meet the requirements described in the next paragraph. In order to assure waiver capacity to absorb these additional beneficiaries, MI Choice Waiver agents also will be funded for a new slot over and above current allocations.

This action is the first of a set of alternatives that will be provided to ensure that Medicaid beneficiaries can choose to access community-based long term care options. Candidates for funding must be current Medicaid beneficiaries, meet all eligibility requirements for the MI Choice Program, and must have continuously resided in the nursing facility for at least six months. For each successful move to the community (on a one-to-one basis), MDCH will also provide reasonable, directly- related transition costs and service funding for one additional current Medicaid resident without regard to nursing facility length of stay.

Further, a limited number of exceptions to the six month rule may be granted by the State Medicaid Director in response to clearly compelling and unique situations.

HCBW Funding for transitioned residents will be maintained as long as the beneficiary remains enrolled in the MI Choice Program and costs will be reimbursed based on the current methodology using the aggregate average rate.

The Medical Services Administration and the Office of Long Term Care Supports and Services will monitor the overall effectiveness of this program and will at least every six months consider program eligibility modifications including a reduction in the continuous nursing home residency requirement in future policy announcements.

Please contact your MI Choice Program contract manager for details on how to access funding and any reporting requirements.



STATE OF MICHIGAN

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# Michigan's Long Term Care Connections Conduct Level of Care Determination

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**

**MEDICAL SERVICES ADMINISTRATION  
AND  
OFFICE OF LONG-TERM CARE SUPPORTS AND SERVICES**  
July 26, 2007

# PA 634

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- Sec 109i 4(c) Assess consumers' eligibility for all medicaid long-term care programs utilizing a comprehensive level of care assessment approved by the department of community health.
- Sec 109i (17) A single point of entry agency for long-term care shall serve as the sole agency within the designated single point of entry area to assess a consumer's eligibility for medicaid long-term care programs utilizing a comprehensive level of care assessment approved by the department of community health.

# MSA 0723 SPE

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The four regional Single Point of Entry/Michigan's Long Term Care Connection serve as the sole agency to assess a consumer's functional/medical eligibility for nursing facilities and the MI Choice Waiver.

# MSA 0723 SPE

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- Beginning October 1, 2007
- The SPE staff conducting the LOCDs must be health professionals: physician, registered nurse, licensed practical nurse, or licensed social worker (BSW or MSW) or physician assistant. Non-health professional SPE staff may perform the LOCD with oversight by a health professional.
- The SPE will provide a copy of their initial LOCD to the provider for entry onto the online LOCD website

# MSA 0723 SPE

## Link between functional determination and Online system and payment

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### ■ **New Admission or Enrollment: Initial**

- Conduct LOCs for all Medicaid eligible beneficiaries or Medicaid pending applicants (Medicaid 'pending' status is defined as a Medicaid application that has been date stamped and registered by the Michigan Department of Human Services (DHS))

### ■ **Transfers (Non-Emergency)**

- **Disenrollment** of a Beneficiary from a Medicaid Health Plan

# MSA 0723 SPE

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- **Private Pay Residents** Already Residing in a Nursing Facility who have applied for Medicaid
- **Involuntary Transfer** of a Nursing Facility Resident
- **Emergency Transfer** of a Nursing Facility Resident
- **Change of condition**

# MSA 0723 SPE

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## ■ Telephone Intake Guidelines

- Beginning October 1, 2007, the SPE will conduct the TIG within two business days of contact from a consumer.
- MI Choice Program Waiver agents located within any of the four SPE regions may no longer conduct Michigan Medicaid Nursing Facility Telephone Intake Guidelines (TIG).

# MSA 0723 SPE

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## ■ **Waiting Lists**

SPE will maintain and be responsible for official waiting list for all beneficiaries or applicants

## ■ **Prioritize by category**

- Children's Special Health Care Services
- Nursing Facility Transition
- Adult Protective Services
- Other



# Summary of Responses

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- SPE will slow down the process
- SPE will result in confusion for families
- Cost burden to the state for SPEs
- Duplication
- No need for a policy for a demonstration project

# Summary of Responses

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- Medicaid take-back concerns
- Qualifications of SPE staff and their limited knowledge of the beneficiary's medical history (in comparison to a provider's knowledge of that beneficiary).
- Wait list management is complicated and waiver staff can manage it better

# Summary of Responses

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- Specific language suggestions to clarify were provided
- Requests to clarify who gets a LOC determination
- Further define “change in condition”

# Long Term Care Connections

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## Summary of Reasons

Informed Choice

Consumer Control

## Summary of Concerns

Efficiencies

Implementation Care

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH


NOTICE OF PROPOSED POLICY

Public Act 280 of 1939, as amended, and consultation guidelines for Medicaid policy provide an opportunity to review proposed changes in Medicaid policies and procedures.

Please review the policy summary and the attached materials that describe the specific changes being proposed. Let us know why you support the change or oppose the change.

Submit your comments to the analyst by the due date specified. Your comments must be received by the due date to be considered for the final policy bulletin.

Thank you for participating in the consultation process.



Director, Program Policy Division  
Bureau of Medicaid Policy and Actuarial Services

<b>Project Number:</b>	0723-SPE	<b>Comments Due:</b>	July 20, 2007	<b>Proposed Effective Date:</b>	October 1, 2007
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**Mail Comments to:** Elizabeth Aastad  
Bureau of Medicaid Policy & Actuarial Services  
Medical Services Administration  
P.O. Box 30479  
Lansing, Michigan 48909-7979

**Telephone Number:** (517) 241-2115

**Fax Number:** (517) 241-8969

**E-mail Address:** AastadL@michigan.gov

**Policy Subject:** Single Point of Entry Demonstration Project

**Affected Programs:** Medicaid

**Distribution:** Hospice, Hospitals, Medicaid Health Plans, Mental Health/Substance Abuse (Prepaid Inpatient Health Plans), Nursing Facilities, Program of All Inclusive Care for the Elderly (PACE), MI Choice Waiver

**Policy Summary:** Four regional Single Point of Entry (SPE) sites will serve as access points for individuals seeking long term care by providing information and referral for all long term care options, services and supports. The SPEs will serve as the sole agency within each region to assess a consumer's functional/medical eligibility for nursing facilities and the MI Choice Waiver program.

# Proposed Policy Draft

## Michigan Department of Community Health Medical Services Administration

**Distribution:** Hospice, Hospitals, Medicaid Health Plans, Mental Health/Substance Abuse (Prepaid Inpatient Health Plans), Nursing Facilities, Program of All Inclusive Care for the Elderly (PACE), MI Choice Waiver

**Issued:** September 1, 2007 (Proposed)

**Subject:** Single Point of Entry Demonstration Project

**Effective:** October 1, 2007 (Proposed)

**Programs Affected:** Medicaid

### Single Point of Entry Demonstration Project

The provisions of Sections 109i and 109j of Public Act 634 of 2006 amended PA 280 of 1939, authorizing the Michigan Department of Community Health (MDCH) to conduct a Single Point of Entry (SPE) demonstration project. Accordingly, MDCH has designated four pilot regional SPE agencies that encompass thirty-six Michigan counties.

Each of the four regional SPEs will serve as access points for individuals seeking long-term care by providing information and referral for all long-term care options, services and supports. The SPEs will serve as the sole agency within each region to assess a Medicaid beneficiary's functional/medical eligibility via the Michigan Medicaid Nursing Facility Level of Care Determination (LOCD) for nursing facilities and the MI Choice Waiver program. The SPEs will perform subsequent LOCDs when a change in condition is noted in the Medicaid provider's MDS, MDS-HC or medical notes.

SPEs may establish a memorandum of understanding with any hospitals located within any of the four regions.

### Demonstration Project SPE Regions (Long-Term Care Connections) and the Counties Served

The SPE demonstration project defined in this bulletin applies **only** to providers located within the following counties, as well as the following cities surrounding the Detroit area:

Detroit/Wayne: Serves City of Detroit, Grosse Pointe (GP), GP Farms, GP Park, GP Shores, GP Woods, Hamtramck, Harper Woods, Highland Park

Southwest Michigan: Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren

West Michigan: Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa

Upper Peninsula: Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft

## **MSA Policy Affected by SPE Demonstration Project**

The SPE Demonstration Project modifies current LOCD policy for providers located within any of the four SPE regions. Current LOCD policy is described in the Medicaid Provider Manual, as well as on the MDCH website at [www.michigan.gov/mdch](http://www.michigan.gov/mdch); select Providers >> Information for Medicaid Providers >> Michigan Medicaid Nursing Facility Level of Care Determination. The following summarizes the modifications to current LOCD policy for providers located within SPE regions.

### **Michigan Medicaid Nursing Facility Level of Care Determination**

- Beginning October 1, 2007, all nursing facility and MI Choice Program providers located within any of the four SPE regions will no longer conduct LOCDs (list of counties/cities located on page 1 of this bulletin).
- Beginning October 1, 2007, SPEs will be the sole agency to conduct LOCDs for all Medicaid eligible or Medicaid pending beneficiaries residing in an area served by an SPE who are seeking Medicaid functional/medical eligibility for Medicaid long-term care programs (i.e., Medicaid reimbursed nursing facilities and MI Choice Program). The SPE staff conducting the LOCDs must be health professionals: physician, registered nurse, licensed practical nurse, or licensed social worker (BSW or MSW) or physician assistant. Non-health professional SPE staff may perform the LOCD with oversight by a health professional.
- The SPE will fax or will provide a copy of their initial LOCD to the provider within two business days of completing the LOCD. The nursing facility must duplicate the SPE's LOCD in the online LOCD website (<https://sso.state.mi.us/>) within fourteen calendar days of receipt of the SPE's LOCD. The MI Choice Program agency must duplicate the SPE's LOCD in the online LOCD within fourteen calendar days of receipt of the SPE's LOCD only if the MI Choice Program agency determines the applicant to require at least one MI Choice Program service.
- The SPE will conduct LOCDs for all residents residing in an area served by the SPE as follows:

#### **New Admissions or Enrollments**

The SPE will conduct LOCDs for all Medicaid eligible beneficiaries or Medicaid pending applicants (Medicaid 'pending' status is defined as a Medicaid application that has been date stamped and registered by the Michigan Department of Human Services (DHS)) who wish to enroll or be admitted into a Medicaid long-term care program whereby Medicaid reimbursement beyond Medicare co-insurance and deductible amounts will be requested as reimbursement for services rendered.

#### **Non-Emergency Transfers of Medicaid-Eligible Residents and Participants**

The SPE will conduct LOCDs for all Medicaid-eligible nursing facility residents who are transferred to another nursing facility under a non-emergency situation, including transfers originating from a nursing facility undergoing a voluntary closure. The SPE will also conduct LOCDs for all transfers of Medicaid-eligible participants from one MI Choice Program agency to another MI Choice Program agency. The nursing facility or MI Choice Program agency must contact the SPE within two business days of knowledge of the pending transfer.

#### **Disenrollment of a Beneficiary from a Medicaid Health Plan**

The SPE will conduct LOCDs for all beneficiaries who are disenrolled from a Medicaid Health Plan which has been paying for nursing facility services.

### **Private Pay Residents Already Residing in a Nursing Facility**

The SPE will conduct LOCDs for current nursing facility residents who have applied for Medicaid (i.e., Medicaid 'pending' status as previously defined) as the payer for nursing facility services. The nursing facility must contact the SPE within two business days from the date the nursing facility was informed of the resident's Medicaid pending status; if not informed of the resident's Medicaid status, then within two business days from the date the nursing facility received notification of the resident's determination of Medicaid financial eligibility.

### **Involuntary Transfer of a Nursing Facility Resident**

Any provider located within any of the four SPE regions that is undergoing an involuntary transfer of its residents must send a copy of the residents' 30-day notice of discontinuance to their regional SPE, as the involuntarily transferred residents are residing within a region served by an SPE. The SPE will conduct the LOCD for Medicaid beneficiaries prior to the resident's transfer.

### **Emergency Transfer of a Nursing Facility Resident**

Any provider located within any of the four SPE regions that is undergoing an emergency transfer of its residents must contact the SPE as soon as is reasonably feasible, notifying the SPE of the emergency transfer. The SPE must fax or provide a list of all residents residing with that provider who are to be, or who were, transferred within two business days of the emergency transfer. The new admitting provider must conduct the Emergency Transfer LOCD located in the online LOCD (<https://sso.state.mi.us/>). The new provider must also contact the SPE within two business days of the emergency transferred resident's admission, as the emergency transferred resident's resided within a region served by an SPE at the time of the emergency. The SPE will conduct the LOCDs for the emergency transferred Medicaid beneficiaries. Note: the Emergency Transfer LOCD does not determine Medicaid functional/medical eligibility; it allows for transfer of Medicaid reimbursement from the previous provider to the new provider who admitted an emergency transferred beneficiary.

## **Medicaid Eligibility**

- Medicaid services will be reimbursed only when the SPE's LOCD determines the beneficiary to be medically/functionally eligible OR when subsequent LOCDs conducted by the SPE (due to a significant change in condition as noted by the providers MDS, MDS-HC, medical notes, etc) continue to determine the beneficiary as medically/functionally eligible AND when the LOCD is submitted online within 14 calendar days of admission or enrollment.
- If there is a discrepancy of Medicaid functional/medical eligibility between the SPE's LOCD and the medical information reported on a nursing facility's MDS, the facility must contact the SPE within two business days of the signed and dated 14-day MDS (for new admissions) or within two business days of the first signed and dated MDS following the SPE's LOCD (for current residents). If there is a discrepancy of medical eligibility between the SPE's LOCD and the medical information reported on the MI Choice Waiver agency's MDS-HC, the agency must contact the SPE within two business days of the signed and dated MDS-HC.
- The provider must contact the SPE within two business days of when a current Medicaid nursing facility resident or MI Choice Waiver participant has had a significant change in condition which may affect their current LOCD eligibility status. The SPE will conduct a subsequent LOCD. The SPE will fax or will provide a copy of the subsequent LOCD to the provider within two business days of completing the subsequent LOCD. The provider must **duplicate** the SPE's subsequent LOCD in the online LOCD (<https://sso.state.mi.us/>) within two business days of its receipt.



### **Adverse Action Notice and MPRO Exception Review**

- If the SPE determines a beneficiary to be ineligible based on their LOCD, or no longer eligible based on any subsequent LOCD, the SPE must issue the Adverse Action Notice and appeal options to the beneficiary on the date of the adverse action. The language in the SPE's Adverse Action Notice informs the ineligible beneficiary their right to contact the MDCH designee (currently MPRO) to request a Nursing Facility Level of Care Exception Process Immediate Review, as well as their right to a Medicaid fair hearing.

### **OR**

- If the SPE determines a beneficiary to be ineligible or no longer eligible based on their LOCD, or any subsequent LOCD, the SPE may contact the MDCH designee (currently MPRO) on the date of the adverse action to request the Nursing Facility Level of Care Exception Review on behalf of the beneficiary. If the MDCH designee determines the beneficiary to be ineligible, MDCH designee is responsible for issuing the Adverse Action Notice to the beneficiary. The language in the MDCH designee's Adverse Action Notice informs the ineligible beneficiary of their right to a Medicaid fair hearing.

### **Telephone Intake Guidelines**

- Beginning October 1, 2007, MI Choice Program Waiver agents located within any of the four SPE regions may no longer conduct Michigan Medicaid Nursing Facility Telephone Intake Guidelines (TIG). Contacts made to the MI Choice Program Waiver agent are to be referred to that agency's regional SPE. The SPE will conduct the TIG within two business days of contact from a consumer. Adverse actions may not be issued to beneficiaries based on the TIG, which determines presumptive eligibility or presumptive ineligibility. An Adverse Action Notice, which includes the beneficiary's right to appeal, may only be issued when the beneficiary has been determined ineligible based on the LOCD conducted by the SPE.

### **Waiting Lists**

- Beginning October 1, 2007, MI Choice Program Waiver agents located within any of the four SPE regions may no longer add beneficiaries or applicants to official "Waiting Lists" as defined in current MI Choice policy on the MDCH website at [www.michigan.gov/mdch](http://www.michigan.gov/mdch); select Providers >> Information for Medicaid Providers >> Michigan Medicaid Nursing Facility Level of Care Determination. Until such time all beneficiaries or applicants on MI Choice Program waiting lists as of October 1, 2007, are enrolled or eliminated, MI Choice Program Waiver agents are responsible for the existing lists and must continue to submit Quarterly Summary Reports (form MSA-0812) to MDCH.
- Beginning October 1, 2007, SPEs will maintain and be responsible for official waiting lists for all beneficiaries or applicants residing in an area served by the SPE who are seeking long-term care services. SPEs will prioritize by category (Children's Special Health Care Services, Nursing Facility Transition, Adult Protective Services and other) beneficiaries and applicants on their official waiting lists according to current LOCD policy available on the website noted above.
- Beginning October 1, 2007, beneficiaries or applicants on MI Choice Program waiting lists that are listed under the category of "Other" will be prioritized for placement over beneficiaries or applicants on SPE waiting lists that are listed under the category of "Other".
- Beginning October 1, 2007, beneficiaries or applicants on MI Choice Program waiting lists that are listed under the categories of Children's Special Health Care Services (CSHCS), Nursing Facility Transition and Adult Protective Services, and beneficiaries or applicants on SPE waiting lists that are listed under the categories of CSHCS, Nursing Facility Transition and Adult Protective Services, will be placed by priority chronologically (by the date of request for services).

- When MI Choice Program waiting lists no longer contain names of beneficiaries or applicants awaiting placement, all official waiting lists will fall under the responsibility and maintenance of the SPEs.

#### **Freedom of Choice Form**

- The SPEs are responsible for obtaining all signatures required on the Freedom of Choice form for LOCDs conducted by the SPEs, as well as all subsequent LOCDs conducted by the SPEs. The SPEs and the providers must maintain a copy of the Freedom of Choice form on file, or in the beneficiary's medical file, for at least three years, even if the beneficiary was determined ineligible via the LOCD.

#### **Continued Policy Requirements**

- Providers who are not located within an area served by the SPE (not within the demonstration project counties or cities) must continue to adhere to MSA policy requirements.
- The provider within and not within a region served by an SPE remains responsible for assuring that the resident or participant continue to meet LOCD criteria on an ongoing basis.
- The provider within and not within a region served by an SPE remains responsible for continuing to conduct federally required resident assessments (PASARR, MDS, MDS-HC, etc.).

Please direct any comments or questions regarding the **Single Point of Entry/Long Term Care Connection Demonstration Project** to:

Nora Barkey, Project Coordinator  
Office of Long Term Care Supports and Services  
Phone: (517) 335-9842  
Email: [BarkeyN@Michigan.gov](mailto:BarkeyN@Michigan.gov)



# Michigan's Long-Term Care Connections (MLTCC)

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## *Single Points of Entry for Long-Term Care Supports & Services*

### **Michigan's Long-Term Care Connections (MLTCC)**

Michigan Governor Jennifer M. Granholm issued Executive Order 2005-14 mandating establishment of three or more Single Points of Entry (SPE) demonstration projects in Michigan. Subsequently Public Act 634 of 2006 requires the establishment of four SPE demonstration projects. Both the Executive Order and the public act resulted from recommendations made by the Governor's Medicaid Long-Term Care Task Force issued in May 2004. The SPE entities, now called Long-Term Care Connections, will improve information about long-term care programs and services, and assist with planning for, obtaining access to, and assuring informed choices for persons using long term care services and supports. The goal is to create a single, coordinated system of information and access for all persons seeking long-term care services in the demonstration areas. By focusing on customer experiences, the MLTCC will reduce the confusion often encountered by individuals and families who are seeking information and assistance with looming long-term care situations and will promote decision-making that is centered on the person's goals and preferences, including assisting with wise and efficient decisions about the use of personal and publicly funded resources.

### **Vision**

Each Long Term Care Connection (LTCC) site is a highly visible and trusted source of information and assistance about long term care, aiding Michigan residents with planning and access to needed services and supports, in accordance with their preferences.

### **Mission**

The MLTCC will improve access and enhance consumer control by providing information and assistance to individuals needing either public or privately-funded services; professionals seeking assistance on behalf of their clients; and individuals planning for their future long-term care needs.

### **Principles**

**MLTCC** will be a visible and trusted community resource that promotes personal quality of life for individuals needing long term-care supports. Individuals will be assisted in using a person-centered planning process to set goals, make choices, and plan services in line with their individual strengths, preferences, needs and resources. Access to services will be simplified and streamlined. Quality improvement is based on customer feedback.

### **Development Strategy**

To achieve their stated Vision and Mission, MLTCC will develop partnerships and collaborative processes to maximize community participation in the design and delivery of services; create services that are viewed as visible and trusted sources; provide a system of access that appears seamless and user-friendly to the consumer through streamlined processes for intake, eligibility determination, and access to public programs; incorporate consumer direction and person-centered planning into all aspects of long-term care supports and service system; and increase utilization of health prevention programs and caregiver support services.

## *Single Points of Entry for Long-Term Care Supports & Services*

### **Functions**

Each LTCC project will provide comprehensive *Information and Assistance* services for a range of supports, services, and resources; provide *Long Term Support Options Counseling and Ongoing Choice Support* to improve customer understanding of all long-term care supports that are available, including understanding the impact of each alternative; facilitate information about transitions and options, as preference or conditions change and when desired, assist in the development of a transition plan; conduct *Functional Eligibility Determination*; coordinate or expedite *Medicaid Financial Eligibility Determination*; offer *Benefits Counseling* to help people learn about and apply for public and private benefits; provide SPE services during emergencies and individual crisis; and facilitate *Person-Centered Planning Process* with consumers.

### **Outcomes**

The success of the MLTCC in removing barriers and improving access will be measured. *Outcomes* to be measured include:

- The extent to which the public views the MLTCC as a trusted source of complete and unbiased information.
- Information is comprehensive and readily available. An increased number of persons have information they need to make informed long-term care choices. Assistance is available at hospitals and other critical locations when needed.
- Access is streamlined. Timeliness for financial eligibility determination meets (or exceeds) federal standard of promptness.
- The persons wishing to transition between long-term care settings have assistance in doing so.
- Increased number of persons who use long-term care supports and services maintain connections with family, neighbors, and friends.
- Persons with disabilities and older adults utilize preventive health activities.
- Planning is person-centered and service decisions are consumer driven.
- Consumers have a defined role in determining quality and prioritizing initiatives.

### **Regional Demonstration Sites**

Michigan committed funding for a 27 month period to implement four MLTCC demonstration projects:

- **Detroit/Wayne Long Term Care Connection** serves residents of Detroit, Hamtramck, Harper Woods, Highland Park and the Grosse Pointe area, and later expand to all of Wayne county
- **Southwest Michigan Long Term Care Connection** serves residents of Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren counties
- **Western Michigan Long Term Care Connection** serves residents of Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, and Ottawa counties
- **Upper Peninsula Long Term Care Connection** serves residents of Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, and Schoolcraft counties

**1- 866-MICHLTC (1-866-642-4582)**

### **Governance**

This initiative results from recommendations of the Michigan Long-Term Care Task Force. Michigan secured an *Aging and Disability Resource Center (ADRC) Grant* from the Administration on Aging (AoA) and the Centers for Medicare & Medicaid Services. Project administration and oversight is conducted by the DCH Office of Long Term Care Supports and Services. Partners at the State level include the DCH Medical Services Administration, the Office of Services to the Aging, the Department of Human Services and the Michigan Long-Term Care Supports and Services Advisory Commission.